Child Care

Summary report: a survey of Private Home Day Care in Ontario, 1988

Ministry of
Community and
Social Services
Ontario

John Sweeney
Minister

SUMMARY REPORT:

A SURVEY OF PRIVATE HOME DAY CARE SERVICES IN ONTARIO, 1988

Prepared
for
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PREFACE

The Child Care Branch of the Ministry of Community and Social Services initiated, in 1987, a comprehensive review of the private home day care (PHDC) program in Ontario. Part of this review consisted of surveys of the PHDC agencies, providers, parents and home visitors in order to obtain a detailed description of the nature and scope of the current PHDC program and the views of the participants in the program. A paper entitled, "A Survey of Private Home Day Care Services in Ontario, 1988" presents detailed analyses and discussion of the surveys. The report is available at the local Area Offices of the Ministry of Community and Social Services.

The present "Summary Report: A Survey of Private Home Day Care Services in Ontario, 1988" highlights the main findings from the complete report. Readers interested in a more detailed description of results obtained from the surveys should consult the full report.

CHAPTER 1

INTRODUCTION

Background

The present paper is a summary of a study commissioned by the Child Care Branch, Ministry of Community and Social Services. The general purpose of the study was to describe the current operation of the private home day care (PHDC) program in the province of Ontario. To carry out the study, separate surveys of private home day care agencies, providers, parents, and home visitors were conducted. The detailed results of the surveys are contained in "A Survey of Private Home Day Care Services in Ontario, 1988", available at the area offices of the Ministry of Community and Social Services.

Private home day care is defined by the Ontario Day Nurseries Act (DNA) as the temporary care for reward or compensation of five children or less who are under 10 years of age where such care is provided in a private residence, other than the home of a parent or guardian of any such child, for a continuous period not exceeding 24 hours.

PHDC agencies contract, train and supervise providers of home day care. Agencies are required to employ one home visitor for every 25 day care homes. The home visitor provides support and supervision to each provider and acts as a resource for the parents and children registered with the agency. The Ministry of Community and Social Services (MCSS) is responsible for licensing PHDC agencies.

Private home day care programs in Ontario began in the late 1960's in response to the growing demand for day care services. PHDC was expected to increase the availability of care, especially for infants and children in rural areas. Also, its flexibility would enable the program to meet the needs of parents working shifts or weekends. In addition, a 1971 amendment to the DNA extended subsidies for low-income families in PHDC programs.

In 1978, the DNA was further amended to allow the Ministry to inspect and license PHDC agencies (however, actual implementation of licensing requirements did not occur till 1984). During the next few years standard and guidelines were developed and a consultation process was initiated. The regulation was then amended in 1984, at which time all PHDC agencies were required to be licensed.

In 1981, the MCSS introduced the Day Care Incentives/Initiatives Program to provide support for the expansion of nonprofit day care services. Following the introduction of this program, the number of PHDC agencies in Ontario rapidly increased, doubling from 39 to 78 and the number of children enrolled doubling from approximately 5,000 to 10,000 between 1981 and 1988.

Also in 1981, the MCSS commissioned a comprehensive survey of all PHDC programs in Ontario. In addition to providing a thorough description of the PHDC programs, the survey offered important insights into the directions in which the PHDC program appeared to be evolving. An important observation was that the PHDC programs were developing to embrace a multiplicity of goals and objectives. The survey also found that, rather than focusing on any individual target group, such as a specific age group, programs were developing to provide broad family support. It was also apparent that PHDC was not appreciably less expensive than centre-based care.

The rapid growth of the PHDC program since 1981, as well as the introduction of amendments to the DNA in 1984 (including licensing requirements), make a re-examination of the PHDC programs in Ontario especially timely.

Purpose of the Survey

The present survey was to describe the current structure and operation of the PHDC programs across the province. A second purpose was to compare issues and concerns of the PHDC agencies in 1988 with those expressed in 1981.

In addition, eight specific objectives were to be addressed. These were to provide a description of the PHDC agencies' structures, program objectives, costs and sources of funding; to describe the characteristics of home visitors, providers and families using PHDC; to assess the extent to which Ministry standards have been accepted; to assess the degree of consistency between Ministry expectations and assumptions and those held by agencies, providers, and parents; and to identify the factors which may inhibit program utilization and expansion as well as those factors which would contribute to a more effective and efficient delivery of the PHDC program.

It was not a purpose of the survey to evaluate the quality of child care provided by the PHDC programs other than indirectly through soliciting the opinions of providers and parents.

The following chapters of this summary report describe, respectively, the survey approach, an overview of the main findings of each of the four surveys, and a discussion of the major themes emerging from the study, as well as previous research on the PHDC program. Appendix A contains a discussion of financial information obtained from the PHDC agencies by Western Management Consultants in the Direct Operating Grants survey.

CHAPTER 2

METHODOLOGY

Survey Approach

Mail-out questionnaires were used as the main data-collection instruments in surveys of the agencies, home visitors, providers, and parents. A separate questionnaire was designed for each of these four groups.

Mail-out questionnaires were deemed preferable to either face-to-face or telephone interviews for several reasons. First, a mail-out questionnaire permitted a larger sample of respondents within reasonable limits of both time and cost. Secondly, it allowed respondents more flexibility in completing the questionnaire. Finally, since much of the information requested from agencies was archival in nature, the mail-out questionnaire allowed the respondents time to gather the necessary information.

Questionnaire Designs

The questionnaires were designed to obtain both factual, descriptive information on the operation of the PHDC program and to elicit the opinions and attitudes of the participants towards the program. Several sources of information were consulted in designing the questionnaire. These included the objectives outlined in the Request for Proposal, the results and interview schedules of the 1981 survey, and Ministry field staff (usually Program Advisors) from each of the 13 Area Offices. Final, and ongoing sources of information were the project manager and the PHDC Review Advisory Committee.

Each of the four questionnaires underwent at least five revisions and a pre-test before distribution to respondents. After one or two internal revisions, each questionnaire was reviewed by the project management team and a working group from the Advisory Committee. Based on comments from these reviews, further revisions were made to the questionnaires. Following the pre-test, any necessary changes were made and the questionnaires were then distributed.

Sampling Techniques

In order to gather the most accurate descriptive information possible, a census survey was conducted with the PHDC agencies (i.e., all 78 agencies were sent a questionnaire).

The PHDC agencies were requested to provide the names and addresses of their home visitors, providers and parents of children enrolled in their programs. Sixty-eight of the 78 agencies complied with the request, some including only those providers and parents who had consented to participate if sampled and some agencies providing the information in coded form.

Survey Distribution

Each of the four questionnaires was mailed to participants with a covering letter from the Director of the Child Care Branch of MCSS and another from Norpark.

Approximately six weeks later, another questionnaire, the covering letters and a reminder letter were mailed to providers and parents with agencies from whom the expected number of returns had not been received. Parents and providers were asked to disregard the second questionnaire if they had already returned the original questionnaire.

Home visitors were sampled from each agency except in cases where the home visitor was also the Director of the agency. Where the agency employed more than one home visitor, one of the home visitors was sampled at random.

Random samples of providers (N=305) and parents (N=558) were drawn from lists (or codes).

CHAPTER 3

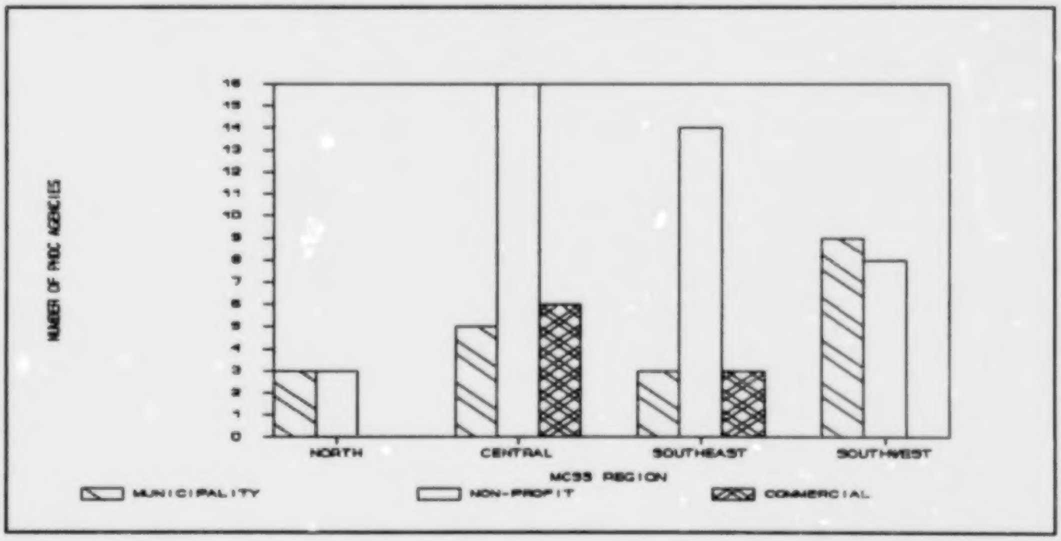
RESULTS OF AGENCY SURVEY

Enrollment and Services

Seventy of the 78 PHDC agencies which existed in the province of Ontario when the survey was conducted (March, 1988) responded to the survey for a return rate of 90%. With such a high return rate, the results reported in this chapter are, in all likelihood, very close to the results that would have been obtained had all 78 agencies returned their questionnaires.

Including the eight agencies that did not respond to the current survey, there were as of March, 1988, 43 nonprofit agencies, 22 municipal agencies and 13 commercial agencies in Ontario. As of that date, the central region had 33 agencies, the southeast had 20 agencies, the southwest had 18 agencies, and the north had seven agencies (see Graph 1). Since 1981, the number of agencies has doubled from 39 to 78 with the growth tending to be concentrated in the nonprofit agencies. The number of agencies in each of the regions has doubled except in the southwest, which experienced a 38% increase in the number of agencies.

Graph 1: **Number of Agencies by Location and Type**



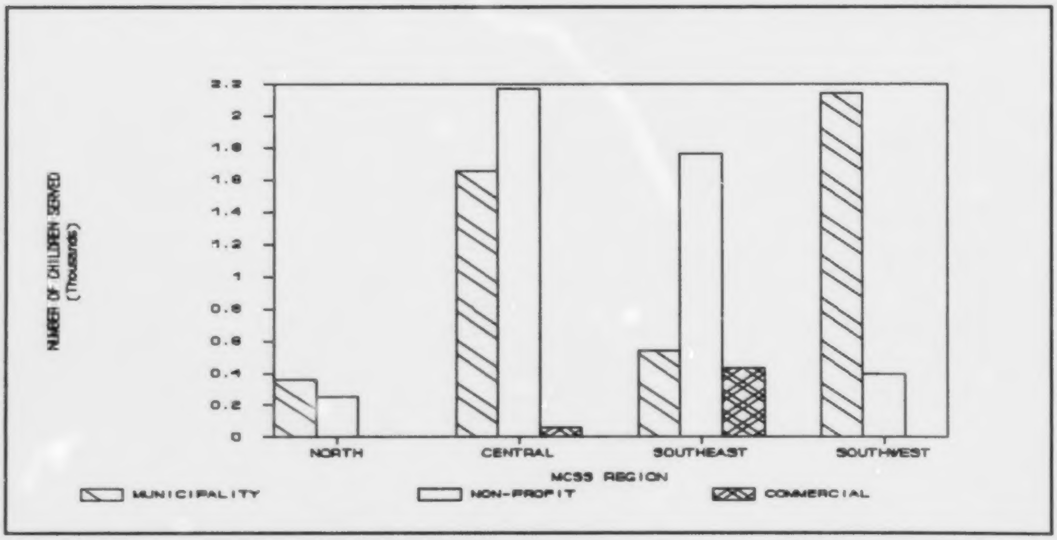
As of March 31, 1988, there were slightly more than 10,000 children in private home day care (see Table 1 and Graph 2), an impressive 100% growth in enrollment from the 1981 survey. The number of children enrolled in PHDC has doubled in all regions of the province except the southwest, where enrollment has increased by 64%.

Table 1 **Number of Children Enrolled in Private Home Day Care by Location and Type of Agency**

	Type of Agency							
Daycare Location	Municipal		Non-profit		Commercial		Total	
North	364	(4)*	250	(2)	0	(0)	614	(6)
Central	1657	(16)	2172	(21)	557	(5)	4386	(43)
Southeast	538	(5)	1765	(17)	435	(4)	2738	(26)
Southwest	2140	(21)	396	(4)	0	(0)	2536	(25)
Total	4699	(46)	4583	(45)	992	(9)	10274	(100)

* The percentage of the total is shown in brackets.

Graph 2: **Number of Children Enrolled in PHDC by Location and Type of Agency**



Breaking down the total enrollment by age of the child (as shown in Table 2), about 18% of the children are infants (under 18 months), 15% are toddlers (18-30 months), 29% are preschoolers (31 months-five years), 13% are in kindergarten (over five-under six years), 22% are school-age (six-10 years), and 3% are school-age and over 10 years of age.

Table 2 **Number of Children of Different Ages Enrolled in PHDC by Agency Type**

	Type of Agency							
Age of Child	Municipal		Non-profit		Commercial		Total	
Infants (Under 18 months)	598	(12)*	840	(22)	279	(36)	1717	(18)
Toddlers (18-30 months)	754	(16)	602	(16)	110	(14)	1466	(15)
Pre-School (31 months-5 Yrs)	1409	(28)	1220	(32)	107	(14)	2736	(29)
Kindergarten (over 5-under 6 Yrs)	683	(14)	469	(12)	95	(12)	1247	(13)
School-Age (6-10 Yrs)	1405	(28)	551	(15)	175	(22)	2131	(22)
Over 10 Years	103	(2)	121	(3)	16	(2)	240	(3)
Total	4952	(100)	3803	(100)	782	(100)	9537	(100)

* The percentage of each column total is shown in brackets.

About 80% of the children enrolled in the PHDC program are subsidized. As the age of the children enrolled in PHDC increases, a higher percentage of each age group is subsidized. Thus, 93% of the children over 10 years of age are subsidized compared with 63% of the infants. These results suggest that subsidized children tend to remain in the PHDC program whereas unsubsidized children leave the program as they grow older. Relatively small numbers of children have handicapping conditions (2%), receive extended hours of care (4%), or shift hours of care (3%).

The majority of children (55%) receive care for more than eight hours per day, while 29% of the children are cared for between four and eight hours and 16% are in care for less than four hours per day.

Table 3 and Graph 3 show the percentage of children of different ages in private home and centre-based care. PHDC has a much higher percentage of infants (18% versus 2%) and school-aged children (25% versus 12%) than centre-based care. Centre-based care is predominantly filled by pre-school or kindergarten children, with 78% of all children enrolled falling into these categories.

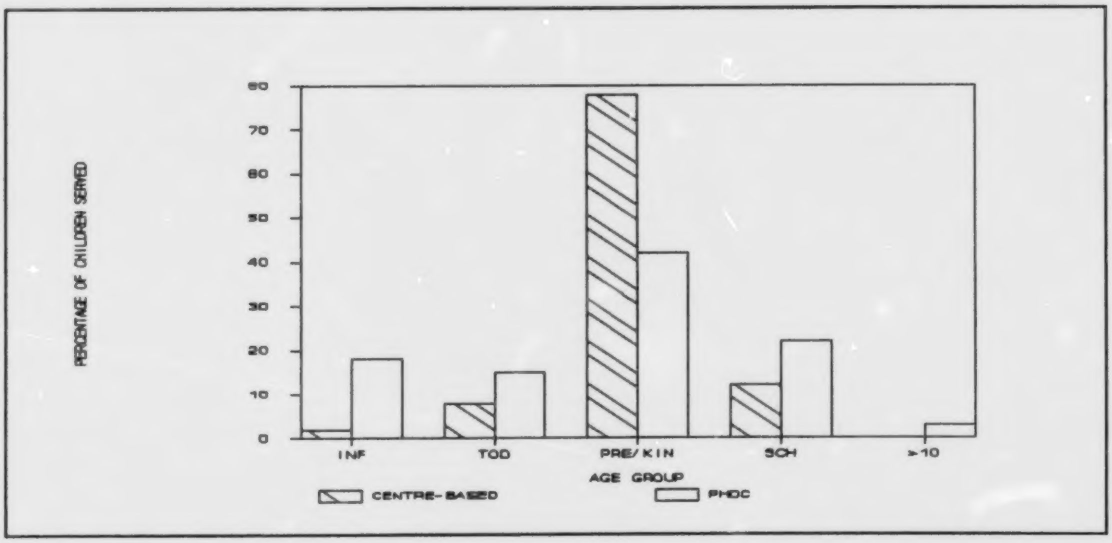
As a whole, the PHDC program experiences an extremely high turnover of children (87%). That is, in one year, almost as many children left the program as were enrolled in it. A variety of reasons were given by the agencies for the loss of children from the program. Two of the more frequently cited reasons were that families left the district and that parents changed to a centre-based program.

Table 3 Percentage of Children of Different Ages in Private Home and Centre-Based Day Care

Age of Child	Centre-based*	Private Home
	%	%
Infants (Under 18 months)	2	18
Toddlers (18-30 months)	8	15
Pre-School or Kindergarten (31 months-under 6 years)	78	42
School Age (6-10 years)	12	22
Over 10 Years	0	3
Total	100	100

* Child Care Branch estimation. March, 1988

Graph 3: **Percentage of Children of Different Ages in PHDC and Centre-Based Day Care**



Agencies take into consideration a large number of factors when placing a child with a provider. Some of the more important factors include the proximity of the provider's home to the parent's home or workplace, the ages of the children in the home, and the hours of care required. Generally, it is much more difficult for agencies to place children with special needs such as handicapping conditions, and children needing extended hours of care, or shift hours of care than it is to place children from any of the age groups who have no special needs. Agencies reported that it is difficult to place children with handicapping conditions because there is inadequate financial compensation for the providers, providers lack the necessary training, are unwilling to accept responsibility and are concerned that the work is too hard. In the case of children needing extended or shift hours of care, the most frequently raised difficulty is that the hours involved prevent providers from spending time with their own families.

Results show that agencies tend to offer a wide range of services to families enrolled with them but are less likely to make these services available to other families. Some of the more frequent services and activities offered to families in their program include information and referral services, newsletters, toy-lending libraries, workshops, and emergency care.

Home Visitors and Providers

Home visitors typically have a caseload of 18-24 homes with 40-50 children being cared for in them. The turnover rate of home visitors averages around 15%. Agencies reported that home visitors spend a considerable amount of their time finding and training new providers and in placing new children. These results are consistent with findings obtained in other segments of the survey, which show that there is a high turnover rate among children and providers. Home visitors generally make at least four home inspections per year and each inspection lasts about 70 minutes. Furthermore, almost all agencies indicated that home visitors would make several other visits to providers for reasons other than inspection, for example, to exchange toys and equipment.

A variety of social and health service professionals are generally available to home visitors for consultation when necessary. These professionals include resource teachers, social workers, and health care workers.

Agencies were asked a number of questions about providers and their activities. There were 3,823 active providers and 548 inactive providers under contract with the 70 PHDC agencies in the survey. Almost all agencies reported that providers are self-employed and that there is a high turnover rate among providers. A number of reasons were given for why providers terminate their contracts including: providers returned to school, obtain other employment, or leave the area. Agencies usually recruited providers through word-of-mouth or advertising. In selecting providers, major factors taken into consideration were that the provider has a caring personality and can provide a safe environment. A number of factors make it difficult to recruit providers. Frequently cited factors are the difficulty of finding providers in the appropriate location and the fact that payments to providers are considered to be too low. Agencies offer a variety of services and resources to providers under contract with them but are much less likely to offer these services to providers with other agencies or to those from the informal system. Two of the services and activities offered to providers are workshops and newsletters.
About 3% of the providers under contract with PHDC agencies were dismissed in a one-year period. Reasons for terminating the contracts included the fact that the provider was caring for more children than was allowed, there was an inadequate level of supervision in the provider's home, and that there had been a violation of Ministry or agency guidelines.

However, from the agencies' point of view, problems with providers arise infrequently, with the most frequently reported problem being a poor parent-provider relationship.

Agency Objectives and Major Issues

The ministry Regulation is perceived by the agencies to be reasonably clear and easy to comply with, contributes to the effective operation of the PHDC program, and by setting minimum standards, helps to ensure good quality child care. The section of the Regulation which was often cited as most relevant for ensuring quality child care, home capacity and age ratios, also posed the greatest difficulty for compliance.

Nonprofit agencies were much more likely to have a Board of Directors than commercial agencies. Advisory committees were not very common in any type of agency. (In principle, municipal agencies do not have Boards of Directors, although two municipal agencies in the sample reported having them.)

Agencies generally agree that one of their most important objectives is to provide quality care in a home environment. Two other objectives rated as relatively important were meeting community needs and providing care for people requiring financial assistance, an objective rated as being particularly important by municipal agencies.

The three major issues that appear to be of concern to agencies are financial issues, the ability of agencies to recruit adequate numbers of providers, and the possibility that providers may unionize. These issues also tended to be important when agencies identified factors inhibiting expansion of their agency. Agencies indicated that lack of demand,
competition from other types of child care, and the Regulation were not critical factors inhibiting expansion.

Compared to centre-based care, PHDC is perceived by agencies to provide a warmer, less institutionalized home environment with more flexibility in hours and programming, a more convenient location and smaller groups of children. The weaknesses of PHDC compared to centre-based care are that there is less formal training, less supervision of providers, and less programming.

When agencies were asked the future directions they would like the Ministry of Community and Social Services to take in the PHDC program, an increase in funding was deemed the most important concern, with a review of the Regulation and an increase of public awareness or education rated as somewhat less important.

Finances

In the survey, the agencies were requested to send schedules of their daily rates charged to parents and the fees paid to providers. Of the 70 agencies responding to the over-all survey, 45 provided information on their fee structures.

As shown in Table 4, commercial agencies have the highest rates (to parents) for both full- and part-day care, followed by nonprofit and municipal agencies.

Table 4 **PHDC Daily Rates to Parents by Agency Type (Range/Average/Median)**

		Municipal (N=13)	Non-profit (N=25)	Commercial (N=7)
Full-Day	(Range)	11.25-16.75	15.00-22.50	15.00-24.00
	(Average)	14.34	18.27	21.00
	(Median)	14.75	18.00	21.00
Part-Day	(Range)	6.25-11.75	7.02-18.67	9.75-17.25
	(Average)	8.78	12.40	14.36
	(Median)	8.89	12.50	14.50

The higher rates charged by commercial agencies are reflected in a higher rate of pay to providers for full-day care (see Table 5) followed, again, by nonprofit and municipal agencies. The rates paid to providers for part-day care varied somewhat from the pricing policy to parents. Commercial and nonprofit agencies pay providers similar amounts, while municipal agencies pay providers less.

Table 5 **PHDC Rates Paid to Providers by Agency Type (Range/Average/Median)**

		Municipal (N=13)	Non-profit (N=25)	Commercial (N=7)
Full-Day	(Range)	11.25-16.00	12.00-20.00	11.50-18.00
	(Average)	13.33	14.53	17.97
	(Median)	13.16	14.00	16.00
Part-Day	(Range)	6.25- 9.25	5.45-14.50	6.95-13.25*
	(Average)	7.83	9.37	9.95
	(Median)	7.76	9.00	9.00

* Part-day rates for commercial agencies are based on N=6.

The difference between the rates charged to parents and the fees paid to providers is the agency administrative fee. The commercial agencies have, on average, the highest administrative fee ($4.83), followed by nonprofit ($3.78), and municipal ($1.09). The administrative fee for municipal agencies may be somewhat misleading, as only seven of the municipal agencies reported such fees.

CHAPTER 4

RESULTS OF PROVIDER SURVEY

A random sample of 305 providers (from the list of 4,371 active and inactive providers in the PHDC program) were identified and sent questionnaires. One hundred and seventy-two (172) usable questionnaires were returned for a response rate of 58%. The representativeness of the sample of the providers filling out and returning the questionnaire was assessed by comparing the sample of providers with the provider profiles derived from agency data. The conclusion from these analyses is that the sample of providers is generally representative of the population of providers. Hence, results from the sample of providers responding can be generalized to the population of providers.

Providers responding to this survey typically were 30-34 years of age, had a below average family income of under $30,000 and lived in urban communities.

Providers tend to remain with an agency for relatively short periods of time, typically for less than two years, although a small percentage of providers remain with an agency for relatively long periods of time. Providers indicated that other providers leave the PHDC program for financial reasons, because of burnout, and for personal reasons.

The providers generally considered themselves to be independent contractors, although a surprisingly high percentage (38%) considered themselves to be employees. The result contrasts with the perceptions of people within the agency who generally did not regard providers as employees of the agency.

The majority of children in the providers' care are placed by the agency, (as shown in Table 6) although a significant number of children are privately-placed. Privately-placed children are generally younger (infants or toddlers) than agency-placed children. On average, providers look after 2.9 agency-placed children. However, when privately-placed children are included with agency-placed children, the average number of children cared for increases to 3.3, and when providers' children six years old or younger are included, the average number of children looked after increases to 4.1, which is reasonably close to the maximum of five children providers are allowed to care for.

About 90% of the children are cared for by providers for over six hours per day. A given provider tends to look after children of different ages, which may make it quite difficult to plan interesting and engaging activities for the entire group.

Providers have clear preferences for the groups of children they want to care for. Providers are most willing to care for pre-schoolers, followed by toddlers, infants, and then school-aged children. With the exception of children requiring emergency care, providers are generally more unwilling to look after children with particular needs (children with handicapping conditions, those needing extended or shift hours of care, and sick child care) than any of the age groups just described.

When asked what relevant experience or training they possessed, a number of providers indicated that they believed that motherhood itself represented the best experience possible. In terms of qualifications, about 10% had a degree or diploma and 4% reported having a degree or diploma in Early Childhood Education. A number of respondents had completed day courses, had attended workshops, and conferences. Most of these professional development activities took place after the PHDC agency placed children in their care.

Table 6 **Number of Children Placed by Agency, Privately Placed, or Children of Provider for Various Ages of Children**

	Origin of Placement			
Age of Child	Agency	Privately Placed	Children of Provider	Total Number of Children
Infant (Under 18 mths)	83 (17)*	20 (26)**	24	127
Toddler (18-30 mths)	83 (17)	17 (22)	24	124
Pre-School (31-60 mths)	181 (36)	30 (39)	59	270
Kindergarten (61-71 mths)	47 (9)	6 (8)	18	71
School-Age (72-120 mths)	99 (20)	3 (4)	81	183
Over 120 mths	4 (1)	1 (1)	132	137
Total	497 (100)	77 (100)	338	912

* Numbers in brackets in this column denote the percentage of agency-placed children of that age.

** Numbers in brackets in this column denote the percentage of privately-placed children of that age.

Most providers indicated that agencies provide resources or services such as toy or equipment loans, back-up care, and workshops. However, there was wide variation in the frequency of use of these resources, in part because the providers who did not use the service felt that it was not required.

Providers (and perhaps home visitors as well) do not tend to distinguish between home visits and formal inspections. Many providers commented that activities were very similar for both occasions. According to the providers, they typically meet home visitors about 12 times a year or about once a month, with three to five of these meetings being formal inspections and the remainder being visits. During visits, home visitors tend to spend a great deal of their time engaged in activities such as making crafts or playing games with the children, discussing the children's development and concerns of providers, and doing paperwork.

Discussions between providers and parents typically focus on such aspects of the children as their behaviour, health, development, and interaction with other children. While very few difficulties were considered to arise between parents and providers, the most frequent problems were children being picked up late by their parents and unreliable attendance of the children.

Providers expressed little disagreement with the current Regulation. Most providers agreed with the section of the Regulation governing home capacity and for those who disagreed with this section, the main concern was not that the maximum number of children be increased above five but that more flexibility in establishing age ratios within the maximum be allowed. No strong consensus was detected in terms of the sections of the Regulation that had the most positive impact on the quality of child care, although sections that were concerned with child safety and, to a lesser extent, home capacity and age ratios were most frequently identified. Very few providers reported having difficulties complying with the Regulation.

Overall, providers appear to be satisfied with their work including their relationship with the children, home visitor, agency and parents. Nevertheless, by far the greatest concerns of providers were the low payments that they received and relatedly their lack of benefits such as holiday pay and unemployment insurance.

CHAPTER 5

RESULTS OF PARENT SURVEY

Questionnaires were sent to a randomly-selected sample of 558 parents of children enrolled in the PHDC program. Two hundred and thirty-seven completed questionnaires were returned for a response rate of 55%. The parent sample was found to be representative of the population of parents with children enrolled in the PHDC program. Thus, the results obtained in the parent sample can be confidently generalized to the population of all parents with children enrolled in the PHDC program.

The typical respondent in the parent sample was a single mother between 25 and 39 years of age with high school education and living in an urban area. This respondent tended to be employed full-time but reported a family income of under $30,000, well beneath the average family income reported in the 1986 Census.

Parents learned about the PHDC agency most frequently from social service agencies or other parents. Once parents decided to register their child with an agency, there was considerable variation in the length of time until the child was placed in a provider's home. While most parents (67%) reported that their children were placed in three weeks or less, 17% of the parents waited eight weeks or more. The delay in placing a child does not appear to be a consequence of the parents going through a process of selecting a provider since only 42% of the parents reported being given an opportunity to choose from more than one provider, and in any event, whether or not parents were given a choice of providers, 73% of the parents placed their child with the first provider introduced to them. Further results indicate that parents tend to remain with the same provider, suggesting that, at least in terms of duration of stay with the same provider, parents tend to be satisfied with the day care arrangement.

When asked to rate the most important characteristics of a provider, parents indicated that providers should have a caring personality, a love of children and that the home of the provider should be safe and in a convenient location.

Results of questions which asked parents their reasons for choosing PHDC, presented in Table 7, suggest that parents like the supervision and training of providers, prefer a home environment, and find that the location of the provider's home is convenient. More generally, most parents appear to rate PHDC as a preferable option for the care of their child. Consistent with this finding are results indicating that parents are very positive about the PHDC program. When asked what improvements (if any) could be made to the program, a range of suggestions were offered with most recommendations being to increase the creative, educational, and outdoor activities for children.

With the exception of back-up care, the services offered by agencies are infrequently used by parents. In addition, parents were often unaware of the services available from their agency.

Table 7 **Parents' Ratings of Reasons for Choosing PHDC**

Reasons	Little/ Not at All	Moderate/ Very	Number of Responses
	%	%	
Location is Convenient	9	91	230
Prefer a Home Environment	10	90	229
Provider is Supervised	14	86	229
Provider is Trained	14	86	225
Wanted Individual Attention	18	82	228
Referred by Social Services	53	47	225
No other Subsidized Care Available	59	41	222
No other Care Available	66	34	222
Needed Care in Irregular Hours	73	27	223

CHAPTER 6

RESULTS OF HOME VISITOR SURVEY

Surveys were sent to 55 home visitors and 41 completed questionnaires were returned for a response rate of 76%. The sample was representative of the agency types, although it did exclude home visitors from one-person agencies.

Most of the home visitors were employed full-time (70%). Home visitors employed by municipal agencies had worked on the average longer for the agency (37 months) than home visitors employed by nonprofit (20 months) or commercial (19 months) agencies. The majority of home visitors had an ECE degree (76%) and, for the most part, had had previous experience working in the child care profession.

The home visitors' role requires that they engage in a variety of activities, and have responsibilities towards the providers, agencies, and parents. However, the home visitors reported that their most important activities/responsibilities were directed towards providers, followed by parents and, lastly, agencies.

The home visitors who responded supervised approximately 20 providers and typically had over 50 children in their caseload. Home visitors with commercial agencies supervised more providers and had a larger caseload of children. In general, the home visitors felt that the number of providers supervised and children in their caseload was appropriate (see Table 8).

Table 8 **Average Number of Homes in Home Visitors' Caseload vs Number Considered Appropriate**

Type of Agency	Average Number of Homes	Average Number Considered Appropriate	Number of Responses
Municipal	19.2	18.8	18
Nonprofit	19.0	17.8	19
Commercial	23.0	23.7	4

A very important responsibility of the home visitors is recruiting and appraising new providers. The home visitors felt the most important factors in determining the suitability of a new provider was that the provider have a caring personality, love of children, and common sense. In addition, they were concerned that the provider's home be safe for the children and conveniently located. The home visitors reported that recruiting providers was made difficult by the low pay, competition with informal care and the stringency of the ministry Regulation. Interestingly, other than due to low pay, the home visitors did not demonstrate a high degree of consensus on the reasons why providers leave a PHDC program.

The number of inspections of the providers' homes by the home visitors ranged from a low of 3.3 for home visitors with municipal agencies to 5.2 and 6.2 for, respectively, home visitors with commercial and nonprofit agencies. The home visitors of the various agency types were in agreement that they conducted home visits with providers about once per month for reasons other than inspections. The home visitors, during the inspections and home visits, discuss a wide range of topics with providers including programming activities for the children, behaviour management, problems with specific children, and personal concerns of the provider.

When placing a child with a provider, the home visitors were in agreement that the important considerations included the proximity to the parent's home, ages of children already in the provider's home and hours of care required. Characteristics and needs of the child such as handicapping conditions, nutritional and medical needs were also given attention.

The home visitors felt that the key reasons for parents taking their children out of a PHDC program were that they left the district and that they were no longer eligible for subsidy. In their fairly frequent discussions with parents - on the average once a month - the home visitors reported touching on a number of topics of concern to the parents. The parents' major concerns seemed to be hours of care and their child's behaviour. However, they also discussed their relationship with the provider, programming activities for their child and, to some extent, the cost of care.

Quite a few home visitors (63%) reported that situations arose which placed them in conflict between providers and parents. The two most frequent reasons for conflict were disputes between providers and parents which home visitors had to mediate, and parents' failure to pick up a sick child from the provider's home.

CHAPTER 7

CONCLUSIONS

Growth of the PHDC Program

The present chapter will expand upon some of the major themes of the PHDC program arising from the current survey as well as previous research on the program. As such, it will be beneficial to briefly review the development of the PHDC program in Ontario.

Private home day care programs were initiated by a small number of established child care agencies in the 1960's in response to a growing demand for child care that could not be met by group centres. In addition to creating more supervised child care spaces, PHDC was seen as having the potential to provide supervised care for infants and to be a more flexible form of care that could respond to the needs of children of parents working shifts or weekends, as well as increasing the availability of supervised care in rural areas where group centres might be inappropriate (Child Care Services in Ontario, 1984).

In 1971, amendments to the Day Nurseries Act allowed for provincial cost-sharing of PHDC programs either directly operated by municipalities or through purchase-of-service agreements between municipalities and private, nonprofit or commercial agencies. With the 1971 amendment, and the attendant provincial cost-sharing, came official recognition of PHDC as an alternative to group care and extended the services of the PHDC program to parents eligible for subsidization.

Available data on the growth of the PHDC program covers the periods of 1973-1981 and 1988. From 1973 to 1978, enrollment increased from 543 to 3,994 and the number of agencies increased from 13 to 34 (Day Care Policy: Background Paper, 1981). In part, in response to this growth, the Day Nurseries Act was amended to require PHDC agencies to be licensed and regulations and standards were developed specifically for PHDC. (The regulations and standards did not come into effect until 1984.)

The rapid growth of the PHDC program during the 1970's leveled out and the program showed only moderate expansion between 1978 and 1981. Enrollment from 1978 to 1981 increased from 3,994 to 4,962 (19.5%) and the number of agencies increased from 34 to 39 (15%). In 1982, the Ministry introduced the Day Care Incentives/Initiatives program which provided support in terms of start-up costs for new nonprofit PHDC agencies. Following the introduction of this program, the PHDC program again displayed tremendous expansion with enrollment increasing from 4,962 in 1981 to over 10,000 in 1988 and the number of agencies increasing from 39 to 78 - a doubling of the PHDC program in both enrollment and number of agencies.

Thus, during its approximately 20-year history in Ontario, the PHDC program has had two periods of rapid growth with a period of levelling out interspersed between the growth periods. Both growth periods have occurred following Ministry initiatives to provide financial support to the program in terms of, respectively, subsidization for parents and operating grants to assist in the development of new agencies. However, the growth in the PHDC program during these two periods cannot be completely attributed to the Ministry initiatives. In particular, the demand for child care services has been increasing throughout the history of the PHDC program. For instance, between 1981 and 1988, enrollment in group care programs has increased by 60% and the number of group care facilities has increased by 50%. Nevertheless, the PHDC program has, in a period of 20 years, displayed both impressive growth and responsiveness to Ministry initiatives and/or the demand for child care services.

The initial, and to a large extent ongoing, assumptions of the PHDC program from the perspective of both the agencies and MCSS have pertained to the populations the program could serve, the costs of the program and the options it offered to parents. It appears that the PHDC program was assumed to have the potential to serve several distinct populations: infants, children of parents on shift work or requiring extended hours of care, and children in rural areas. Specifically, the PHDC program was expected to be a suitable form of child care for infants since it provided both a home environment and more individual attention than could be given in group care settings. The anticipated flexibility of the program resulting from providers working out of their own homes encouraged the assumption that PHDC would be able to serve parents requiring shift and extended hours of care. Relatedly, the flexibility in terms of location of a provider's home led to the belief that the program would provide child care close to the parent's home or work and would also provide service to rural areas.

Several sources of data can be examined to determine whether the PHDC program is serving infants. Unfortunately, these sources have aggregated their data on age-groupings in different categories. Thus, the comparisons between the data sources are approximations. First, data reviewed in the Background Paper (1981) indicated that the percentage of subsidized children under 30 months of age ranged from a high of 40% in 1973 to approximately 22% for the years of 1977 through 1979. As unsubsidized children were not included in the database, the percentages for children under 30 months (i.e., infants and toddlers according to the present age definitions) are only estimates. (Subsidized enrollment during this time period was over 80% of the total enrollment except for 1977 when it was 77%, and 1978 when it was 79%.)

Using the same age definition, i.e., under 30 months of age, the 1981 survey found that 27% of the children enrolled were infants and toddlers, while the present survey found that 33% of the enrollment fell into this age category. (Both the 1981 and the present survey included subsidized and unsubsidized children in their calculations.) The current survey also calculated the percentage of infants (i.e., under 18 months of age) to be 18% of the total enrollment.

If the data on subsidized children from the Background Report are accepted as reasonable estimates of the number of infants and toddlers in the PHDC program, the pattern which emerges is one in which the PHDC program went from a service orientation that included a high percentage of infants and toddlers (40% in 1973) to a levelling off around 20% in the late 1970's and over the past 10 years has increased the service to infants and toddlers to 33% in 1988.

In summary, since its inception, between 20% and 40% of children enrolled in the PHDC program have been infants or toddlers, with 33% of the children currently falling into these categories. By contrast, only about 10% of the children in centre-based programs are infants or toddlers, permitting the conclusion that the PHDC program is more likely to serve infants and toddlers than centre-based care.

The question of whether infants are a primary target group of the PHDC program can be partly addressed by examining the relative percentage of infants in the program within the context of section 56 (1)(2) of the DNA. This section specifies that a caregiver may care for only two children under the age of two years. Thus, there is a restriction upon the number of infants, and to some extent toddlers (i.e., children between the ages of 19 - 24 months), that can be served by the PHDC program. If all caregivers had five children in their care, two of whom were under two years of age, the theoretical maximum percentage of children under two years of age that could be in the program would be 40%.

Acknowledging the six month discrepancy between the definition of infants (under 18 months of age) and the two year age (i.e., 24 months) restriction of the DNA, the present result of 18% infants in the program is considerably below the theoretical maximum of 40%. Indeed, if the infant and toddler categories are combined (i.e., children under 30 months of age), this larger category is still below the theoretical maximum (i.e., 33% vs 40%). At least in theory, then, it might be argued that within the limits imposed by the Regulation, the PHDC program does have the potential to provide service to more infants.

In practice, however, there are barriers to expanding service to the infant population. In particular, caregivers typically feel that an infant is more difficult to look after than other age groups. And, in this context, to expect a caregiver to care for two infants may be unrealistic. From this perspective, it might be argued that the PHDC program is providing adequate service to infants. That is, the 18% infants in the program is very close to an expected (theoretical) capacity of 20% if all caregivers had five children, one of whom was an infant.

It is more difficult to interpret whether the expectations for the PHDC program of serving children of parents on shift work, requiring extended hours or in rural areas have been realized. The data from both the 1981 and the present surveys indicate that only 7% of the children in the program are receiving extended hours of care or have parents who work shifts (the categories are combined). Whether 7% is a high or low percentage depends upon the demand for the service in the total population. There clearly are large numbers of individuals in Ontario who are employed in occupations that require shift work and extended hours such as nurses and auto workers. However, we do not know whether these individuals have made arrangements such that they do not require child care (e.g., between spouses) nor what percent of the population they make up. The results of the current survey do indicate that agencies report finding it difficult to place children requiring extended or shift hours of care and that providers report a reluctance to provide care for such children as it interferes with the time providers can spend with their own families.

The question of whether the PHDC program is fulfilling the expectation of serving parents requiring flexible hours of care can, at best, only be speculated upon with the present information. The program does serve some percentage of the population requiring flexible hours of care. Whether the percentage it serves is proportional to the demand in the population of Ontario is unknown.

Regardless of whether the percentage of the population of children in the PHDC program receiving flexible hours of care is proportional to the demand or not, both agencies and providers perceive there to be difficulties in serving this population. Quite simply, the providers believe that affording care for extended or shift hours interferes with their own time with their families.

The data from the present survey as well as data from other sources (including the 1981 survey) suggest that the PHDC programs are primarily located in urban areas and serve urban families. The majority of both providers and parents reported living in urban areas. The PHDC program does not, at present, serve large numbers of children in rural areas.

The initial assumptions of the PHDC program in terms of the populations of children it intended to serve have had mixed success. The program is serving infants (and toddlers). The program is providing care for children requiring extended or shift hours - although perhaps not to the degree initially anticipated nor perhaps proportional to the demand for such care. Furthermore, the providers do express reluctance to offer care to children for extended or shift hours, thus it may be difficult to expand this service under the current conditions of the program. Also, the evidence suggests that the PHDC program does not provide service to children in rural areas.

The assumption that the PHDC program would provide child care at a lower cost than centre-based child care has not been borne out. The present survey, as was the case in the 1981 survey, found the costs of PHDC to be similar to those for centre-based care.

Whether intentional or not, the PHDC program has evolved as a child care option in a home environment which provides a service to children ranging in age from infants to school age. The program does provide some service that is consistent with the original assumptions of the model based upon its perceived flexibility (for both hours of care and location); however, the majority of the children in the program do not fall into these groups. In short, with the exception of providing child care to infants, the PHDC program has not developed over the past 20 years in a manner that is consistent with its original objectives.

MAJOR ISSUES

Provider Recruitment and Turnover

The basic philosophy of the PHDC program to provide flexible child care in a home environment is dependent upon the PHDC agencies' ability to recruit, train, and retain providers. Whether one considers the PHDC program to be a viable child care option for parents or a mechanism for increasing the number of supervised child care spaces, the continued operation of the PHDC program requires the supply of providers.

Almost all of the agencies surveyed identified the recruitment of new providers as a major area of concern and a factor which inhibited expansion of an agency. The amount of staff time, especially for home visitors, required to recruit and train new providers was consistently rated high. Interestingly, the agencies did not indicate that there was a lack of supply of potential providers. Thus, while recruitment may be a time-consuming and difficult activity, it may not constitute an insurmountable problem to the agencies.

The agencies identified several factors which seemed to account for the difficulty of recruiting new providers. One factor was the inability to find providers in required geographic locations. Thus, while an agency might have a demand for child care services in an area (whether it is a suburb, community, etc.), the agency is unable to recruit providers in that area. The inability of an agency to supply family day care in the same area as the parent resides is a serious problem for the agency, as one of the purported advantages of the family day care is its proximity to the population it serves.

It is not clear whether the inability to recruit providers in required geographic locations is due to the absence of qualified (potential) providers in the area or to a demand which outstrips the supply within the area. In either case, there is no clear recommendation that can be made for attempting to redress the problem.

A second difficulty in recruiting providers is the low provider payments. The issue of low pay is not, of course, restricted to the PHDC program - all forms of licensed and unlicensed child care are characterized by low wages to child care workers. In contrast to child care workers in group centres, providers probably earn less and certainly do not have their benefits paid for. Within their current budgets, the PHDC agencies are unable to increase their rates of pay to providers unless the increase is passed on directly to the parent, an alternative which is difficult to undertake since the majority of parents are on subsidies.

A third problem agencies identified in the recruitment of providers was the stringency of the ministry Regulation. The active providers, however, did not consider the Regulation to be particularly stringent. Thus, it may be that the difficulty lies in how the Regulation is explained to potential providers rather than the Regulation per se.

A related problem which should be of concern to the PHDC program is the high rate of turnover in providers. (While the agencies rated reasons for which providers left their agency, they did not identify turnover as a particular problem for their program.) Within the year preceding the survey, the turnover rate of providers in the PHDC program was approximately 40%. Turnover of such a magnitude has to be considered a serious problem for the PHDC program. It necessitates the recruitment of new providers which, as previously discussed, is clearly a problem for the agencies. Furthermore, turnover in any occupation is expensive. In addition to the expenses involved in recruitment, it is expensive to train new employees, set up the administrative systems necessary for payments and contracts and, of course, utilizes a considerable amount of staff time. Finally, and importantly, turnover is disruptive to the children and parents in the PHDC program. The need to adapt to a new environment, a new provider and, potentially, new children, may pose at least short-term difficulties for the children. Considering the potential for disruption to children and parents, it could be argued that turnover should be considered a more serious problem than recruitment by the agencies.

There is not a common understanding among the agencies, home visitors and (active) providers of why providers leave the PHDC program. The agencies' explanations tended to focus upon the mobility of providers. That is, the agencies reported the main reasons for providers leaving was that the providers became involved in other activities (e.g., returned to school or took different employment) or that the providers simply left the district. Characteristics of the job were infrequently identified as factors in a provider's decision to leave.

The home visitors and the (active) providers, on the other hand, presented explanations for why providers left that were directly concerned with characteristics of the job. Both groups considered low pay and the stresses of the job (i.e., "burnout") to be major reasons for providers leaving. The home visitors also stressed the importance of the ambiguous explanation of "personal reasons" - which may be an admixture between the agencies' explanations and those of the (active) providers.

With a turnover rate as high as 40% in a year, there are likely to be multiple reasons for providers leaving the PHDC program. Nevertheless, such a high rate of turnover suggests that the primary reason(s) has to be found in the job itself. There is little doubt that the role of a provider is potentially difficult - requiring long hours, isolation from other adults, high demands on one's concentration and energy, and very low remuneration. The Ministry and the agencies are going to have to address the issues hampering both the recruitment and retention of providers. The continued operation and expansion of the PHDC program is clearly dependent upon the ability to attract and retain providers.

A further potential issue which was not identified by the agencies as a concern to their operations was the high rate of turnover in the children served. During the year preceding the current study, the turnover of children in the program was 87%. It is difficult to assess whether such a turnover rate is unduly high in the absence of comparative information (e.g., the turnover rate in centre-based programs). However, given the required expenditure in staff resources to place new children and familiarize the children and their parents with the child care environment, it does seem important for agencies to try and determine the reasons for turnover rates in children for the purpose of identifying areas of their programs which might be improved (to decrease the number of children leaving).

At present, the PHDC agencies are able to replace the providers and children leaving their programs. As a result, turnover for both groups may not be perceived as a problem. Nevertheless, there are real costs in, especially, staff resources required for the replacement activities. It is possible that these resources could be employed more effectively and efficiently in efforts to expand, rather than maintain, the PHDC program. However, to do so, it is important that the PHDC agencies acknowledge turnover as a problem and take steps to remedy the attrition of both providers and children.

Finances

Not unexpectedly, the PHDC agencies expressed concern over a variety of financial issues, including a need for increased financing to maintain their current operations, a desire to increase the rates of provider payments, and some interest in increasing the rates of subsidization. For the most part, the agencies did not articulate the specific consequences to their programs if further funding was not made available, other than that it would create a barrier to attempts at expansion. However, it is possible to suggest some problems that are, and will be, encountered if an agency has financial difficulties.

The most obvious problem resulting from a failure to obtain increased financing will be the continuation of the difficulties in recruiting and retaining providers. All the participants in the surveys were in agreement that the rates of pay to providers are too low. And, as argued previously, the entire concept of a family day care program is dependent upon the supply of providers.

Increasing provider payments should act to reduce the high attrition rate and attract more providers to the program. Financial solutions are unlikely to completely solve the problems of recruitment and retention of providers - other concerns do influence individuals not to join or to leave an agency. However, increased provider payments would undoubtedly help in these areas.

As the PHDC program has developed over the past two decades, it has increasingly offered more services and resources to providers and parents (e.g., workshops, newsletters, toy and equipment loans). These services involve financial and human resource expenses. It is possible that the model of subsidies and parent fees, with an extra administrative charge, going to the provider payments and agency staff salaries is not adequate to cover the expenses of the agencies' additional services. Since the vast majority of parents in the PHDC program are subsidized, it may not be possible to increase the administrative fees to parents to finance the additional services. It may be necessary, then, for either additional government sources of funding to be made available to maintain these services and/or the need for, and use of, the services to be critically evaluated to determine whether or not they should be maintained.

Appendix A

FINANCIAL ISSUES

The information in this Appendix was obtained from the Direct Operating Grants survey of the PHDC agencies by Western Management Consultants.

Agency Revenues and Expenditures

This discussion focuses upon the areas of expenditures and sources of revenue of the PHDC agencies. The information upon which the discussion is based was collected in a survey of the PHDC agencies in the spring of 1988 by Western Management Consultants. The survey, known as the Direct Operating Grant (DOG) Survey, was undertaken to provide a baseline of information for determining an appropriate grant calculation methodology. All licenced child care centres and PHDC agencies in Ontario were requested to complete the survey. Fifty-eight (of the 78 PHDC agencies) returned the survey, although not all of the returned questionnaires were fully completed. Specifically, 53 agencies provided usable data for estimates of expenditures and 50 agencies provided data for estimates of revenues. The data base, while incomplete, does provide a reasonable basis for presenting an overview of the expenditures and revenues of PHDC agencies in Ontario.

With respect to revenues, the agencies were requested to specify the dollar amounts of revenue for the preceding fiscal year for seven categories: fees from parents, subsidies (including municipal), other MCSS funding (i.e., operational startup), other municipal grants, other federal grants, fund raising, and other sources. Table A.1 presents the percentage of the total revenue for each of the seven categories by type of agency. It is important to bear in mind when reviewing Table A.1, and the related discussion, that the percentage figures are calculated by dividing the total revenue from a given source (e.g., subsidies) for all agencies within a type (e.g., municipal) by the total revenue for that type of agency. As such, they are estimates of the (percentage) sources of revenue for a type of PHDC program (e.g., municipal vs nonprofit vs commercial) but are not sensitive to the variance between agencies within a given type.

Table A.1 **Percentage of Total Revenue by Agency Type**

Agency Type	Fees from Parents	Subsidies	MCSS	Mun. Grants	Fed. Grants	Fund Raising	Other
	%	%	%	%	%	%	%
Municipal (12)	5.8	65.8	21.1	6.5	0	0	0.7
Nonprofit* (33)	29.7	66.0	4.6	0	0.1	1.3	4.6
Commercial (5)	15.8	78.8	0	0	0	0	5.0

* Percentages total to 106.3% due to inaccuracies in the original data.

Furthermore, the response rate for all types of agencies, and especially the commercial agencies, was incomplete and it is not possible to know what, if any, effect the incompleteness of the data has on the validity of the estimates reported in this section.

Given the foregoing qualifications, the largest source of revenue for each type of agency is subsidies. This, of course, is not surprising since the majority of children in the PHDC program are subsidized (80%). For the sample of 50 agencies, the percentage of the total revenue due to subsidies is 66.9%.

However, a slightly different picture emerges when individual agencies are examined with respect to their largest source of revenue. Table A.2 presents the largest source of revenue by agency type. These data indicate that there are approximately as many nonprofit and commercial agencies that derive their largest source of revenue from parent fees as from subsidies, even though across all agencies within the nonprofit and commercial categories, the largest source of revenue is subsidies. Not surprisingly, municipal agencies, both in terms of individual agencies and across the program, are predominantly dependent upon funding through subsidies.

Table A.2 **Largest Sources of Revenue by Agency Type**

Agency Type	Parent Fees	Subsidies	MCSS
Municipal	2	8	2
Nonprofit	15	16	2
Commercial	3	2	

The resolution to the apparent contradiction between the overall percentage of revenue attributable to subsidies and the approximately even split of the individual nonprofit and commercial agencies in being mainly funded by subsidies versus parent fees is that, in general, the larger agencies receive their largest source of revenue through subsidies.

A further observation from Table A.1 is that for the most part the nonprofit and commercial agencies do not receive much revenue from sources other than parent fees or subsidies. Both report receiving some revenue from "other sources" (i.e., nonprofit reported 4.6% of their revenue came from "other sources" while commercial reported 5%). However, the 5% for commercial agencies is entirely attributable to one agency and the 4.6% for nonprofit was mainly the result of two agencies (although 11 other agencies reported receiving small amounts of revenues from "other sources").

Municipal agencies are mainly funded through subsidies and MCSS grants with some input through municipal grants (6.5%) and parent fees (5.8%). Fund raising and direct federal grants played an insignificant role in the funding of all types of PHDC programs.

In terms of the overall PHDC program in Ontario, the main source of financial support is subsidization. Fees paid by parents, either in terms of agency fees or the fees paid by the approximately 20% of full fee paying parents, is a much smaller but still a meaningful source of revenue for some commercial and nonprofit agencies.

All three types of agencies have similar patterns in their yearly expenditures. Table A.3 outlines the percentage of expenditures for the types of agencies to providers, salaries (administrative and program), benefits and other expenses. It should be noted that the agencies were requested to distinguish between salaries paid to administrative and program staff. However, such a distinction was not made consistently across agencies; thus, the two categories have been combined for the present analyses.

Table A.3 **Percentage of Total Expenditures by Agency Type**

Agency Type	Provider Payments	Staff Salaries	Benefits	Other
	%	%	%	%
Municipal	69.6	21.6	3.5	4.6
Nonprofit	69.4	20.9	1.9	7.5
Commercial	73.6	17.6	0.6	8.1

The main source of expenditure for all three types of agencies is provider payments ranging from nonprofit (69.4%) to municipal (69.7%) to commercial (73.6%). Furthermore, in reviewing the individual agencies, payments to providers accounted for over 50% of an agency's expenses for (14/16) municipal, (26/32) nonprofit, and (5/5) commercial agencies.

Staff salaries (administrative and program staff combined), with the small addition of benefits, accounts for almost all of the remaining expenses of the agencies. In terms of percentage of expenses, the agencies spend relatively little on other costs such as rent, toys and materials, and the like. The PHDC program is clearly very heavily weighted towards expenditures for human resources.

Child Care

A survey of Private Home Day Care in Ontario, 1988

Ministry of
Community and
Social Services
Ontario

John Sweeney
Minister

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Lynn Wylie	Chairperson, MCSS
Cathy Arnold	MCSS, Southeast Region
Carol-Lynn Bleackley	Provider Association
Maryann Wasilka	Provider Association (Alternative)
Suzanne Boyer	MCSS, North Region
Barb French	MCSS, Central Region
Janice Georgy	PHDCAO, Ottawa
Jane Giffin	MCSS, Southeast Region
Sandra Livingston	PHDCAO, Thunder Bay
Lesley Max	OMSSA, Mississauga
Mary Parker	OMSSA, Waterloo
Marna Ramsden	OMSSA, Metro Toronto
Karen Sheremata	PHDCAO, Halton
Mary Sutherland	MCSS, Ops Coordination

The knowledge and cooperation of the members of the Advisory Committee were invaluable in introducing the survey team to many of the important and complex issues of the PHDC program. The commitment of their time and effort is gratefully acknowledged.

One of the early activities of the survey team was to interview representatives, usually Program Advisors, from the 13 Area Offices of MCSS. The information acquired through these interviews was critical in alerting the survey team to issues of local concern to the individual PHDC agencies. The MCSS representatives interviewed were:

Bev Bernier	Barrie Area
Pam Bowman	Waterloo Area
Larry Hillman	Waterloo Area
Sharon Buchan	North Bay Area
Morley Burwash	Kingston Area
Judy Cooper	London Area
Barb French	Toronto Area
Jane Giffen	Ottawa Area
Wenda Hodsdon	Peterborough Area
Florence Lake	Sudbury Area
Kay Stroud	Mississauga Area
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Ruth Wells	Thunder Bay Area
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PREFACE

This report "A Survey of Private Home Day Care Services in Ontario, 1988" was commissioned by the Child Care Branch, Ministry of Community and Social Services, as part of a comprehensive review of the private home day care program in Ontario.

The report is based upon separate surveys (data chapters) of the PHDC agencies, providers, parents and home visitors. Taken together, the surveys are intended to provide a detailed description of the nature and scope of the current PHDC program and the views of the agencies, providers, parents and home visitors towards the program.

The report, in its entirety, is necessarily detailed and long. However, each data chapter has been written to be self-contained. Thus, readers interested in a single survey can go directly to the pertinent data chapter. In addition, each of the data chapters is preceded by a Highlights section so an overview of each survey (and the entire report) can be readily obtained.

CHAPTER 1

INTRODUCTION

1.1. Background

Private home day care (PHDC) is defined by the Ontario Day Nurseries Act (DNA) as the temporary care for reward or compensation of five children or fewer who are under ten years of age where such care is provided in a private residence, other than the home of a parent or guardian of any such child, for a continuous period not exceeding twenty-four hours.

The regulations made under the DNA (as amended in 1984) identify the major roles and responsibilities of the people involved in providing PHDC. Briefly, the Ministry of Community and Social Services (MCSS) is responsible for licensing PHDC agencies and assigns responsibility to the agencies for the operation, supervision, and maintenance of a PHDC program. A PHDC agency means a person, or organization, who provides PHDC at more than one location. Agencies recruit, train and contract providers who are then responsible for the care of a child or children placed in their home. Under the Regulation, every operator of a PHDC agency is required to employ one full-time home visitor for every 25 homes in the agency. The home visitor provides support and supervision to each provider and acts as a resource for the parents and children registered with the agency.

PHDC programs in Ontario were originally started by established child care agencies in the late 1960's in response to a growing demand for day care services. The agencies provided home selection, placement of children, and on-going supervision and support to both providers and parents. In 1971, in response to the increasing need for subsidized day care, the Day Nurseries Act was amended to allow MCSS to share the costs for subsidized service to families in financial need of supervised PHDC programs operated either directly by municipalities or through purchase-of-service arrangements with private agencies.

The initial impetus for PHDC was its perceived potential to provide more supervised care for children, especially infants, and its flexibility in responding to the needs of parents working shifts or weekends. The increased service was expected to be achieved at a lower cost than could be accomplished by centre-based day care, since no capital costs were involved, payments to providers were low and administrative costs could be kept to a minimum. Also, PHDC was expected to increase the availability of supervised child care in rural areas which did not have centre-based care facilities. The 1971 amendment to the Act expanded upon these original aims by introducing subsidies for low-income groups receiving family day care and by initiating some guidelines for the standards of PHDC service.

In response to the recognition of PHDC programs as an alternative to centre-based care, there was a continued growth of the PHDC program throughout the 1970's. In response to the growth of PHDC programs, MCSS undertook several further initiatives towards the PHDC program. In 1978, the Day Nurseries Act was further amended to allow the Ministry to license PHDC agencies (however, the actual implementation of licensing requirements did not occur until January, 1984). Concurrent with the 1978 amendment, an MCSS committee was established to prepare standards and guidelines for the operation of PHDC programs. The standards and guidelines proposed by this committee were presented in 1980 and were made available for public consultation. The draft standards and guidelines were revised in light of the public consultation and resulted in further amendments to the regulation in 1984 (along with the licensing requirement) which set an explicit agenda for PHDC programs.

In 1981, the MCSS introduced the Day Care Incentives/Initiatives Program to provide support for the expansion of day care services, including PHDC programs. The number of PHDC programs in Ontario rapidly increased following the introduction of this program, doubling the number of agencies from 39 to 78 and doubling the number of children enrolled from approximately 5,000 to 10,000 between 1981 and 1988.

Also in 1981, prior to either the introduction of the Regulation or the rapid expansion of the PHDC programs, a comprehensive survey of all PHDC agencies in Ontario was commissioned by MCSS. The survey provided a thorough overview of the PHDC programs in Ontario, including a description of agency characteristics, a review of the recruitment, training, and professional development of home visitors and providers, a description of the parent-users, the fee structures of the programs and an identification of key issues facing the further expansion of the PHDC program.

In addition to providing a thorough description of the PHDC programs, the 1981 survey offered important insights into the directions in which the PHDC program appeared to be evolving. An important observation of the survey was that the PHDC programs were developing to embrace a multiplicity of goals and objectives. In particular, one of the original goals of the PHDC program was to expand supervised child care opportunities to infants, children with handicapping conditions, and children of parents on shift work and extended hours. While the 1981 survey did find that infants were served by the PHDC programs, there was little evidence that the other target groups were a focus of the program. Rather, individual programs were developing to provide broad family support (e.g., a range of age groups as well as services to parents). Thus, private home day care seemed to be developing as a real option to centre-based child care. Also, the 1981 survey found that unlike original expectations, private home day care was not really less expensive than centre-based care.

Since the 1981 survey, a couple of significant events have occurred. First, amendments to the DNA, including licensing requirements, have been introduced (in 1984), actions which might be expected to result in the individual PHDC programs developing in a more homogeneous direction. On the other hand, the rapid growth in the size of the PHDC program in the mid-1980's may have led to the PHDC programs developing even more diverse goals and objectives. That is, the rapid growth, notwithstanding the revisions to the DNA, might have encouraged an even wider range of programming to have developed. Thus, it was timely for a re-examination of the PHDC programs in Ontario.

1.2. Purposes of the Survey

The present survey was intended to serve several related purposes. At a general level, the survey was to describe the current operation of the PHDC programs across the Province, including an assessment of the extent to which the programs are satisfying the various goals and assumptions of the different participants (i.e., ministry, agencies, home visitors, providers, and parents), and the identification of points of tension and/or dissatisfaction with the program.

A second purpose of the survey was to compare both the general issues and more specific concerns (see below) of PHDC agencies in 1988 with those identified in the 1981 survey. Additionally, the comparison between the two surveys should reveal trends in the population of children served, the size of agencies, number of children per provider, and the like.

Finally, the following eight specific objectives were to be addressed in the current survey:

1. provide an overview of PHDC agencies' organizational structures, program objectives and clients served;
2. provide a cost comparison of the PHDC agencies including provider rates, operating costs and sources of funding;
3. provide a description of home visitor characteristics;
4. provide a description of provider characteristics;
5. provide a description of families who use PHDC;
6. assess the extent to which the ministry standards for PHDC have been accepted by agencies, providers, parents, and ministry staff;
7. assess the degree of consistency between current ministry expectations and assumptions regarding PHDC services and those held by PHDC agencies, providers, and parents;
8. identify the factors which may inhibit program utilization and expansion as well as any factors which would contribute to a more effective and efficient delivery of the PHDC program.

It was not a purpose of the survey to evaluate the quality of child care provided by the PHDC programs other than indirectly through soliciting the opinions of providers and parents.

1.3. Format of the Report

The next chapter of this report outlines the methodology employed in the four surveys. The chapter is divided into numbered sections which describe the survey approach, the design of the questionnaires, the sampling techniques and the distribution of the surveys.

Chapters 3 to 6 contain the detailed findings from the agency (chapter 3), the provider (chapter 4), the parent (chapter 5) and the home visitor (chapter 6) questionnaires. Each chapter is prefaced by a section which summarizes the findings contained within the body of the chapter.

Chapter 7 outlines the major themes emerging from this study as well as previous research regarding the private home day care program.

Finally, Appendix A contains financial information obtained from PHDC agencies by Western Management Consultants in the Direct Operating Grants survey. This survey was conducted at the behest of MCSS for the purpose of establishing a base line for future evaluation of the impact of direct grants on PHDC agencies and licenced centre programs.

CHAPTER 2

METHODOLOGY

2.1. Survey Approach

Mail-out questionnaires were used as the main data-collection instruments in surveys of the agencies, home visitors, providers, and parents. A separate questionnaire was designed for each of these four groups.

Mail-out questionnaires were deemed to be preferable to either face-to-face or telephone interviews for several reasons. First, a mail-out questionnaire would permit a larger and hence more representative sample of respondents than either face-to-face or telephone interviews (especially for home visitors, providers, and parents) within reasonable limits of time and cost. Also, there were subpopulations within the PHDC programs with unique needs and concerns (e.g., urban versus rural programs, regional differences, and agency type). A large sample was needed in order to examine whether, in fact, there were subpopulation differences.

A second advantage of a mail-out questionnaire was that it would allow respondents more flexibility in completing the questionnaire than would telephone or face-to-face interviews which would have to be done at a pre-determined time. This consideration was especially important for providers and parents who would usually be responding on their own time.

A third advantage of the mail-out questionnaire, was that much of the information requested of agency representatives was of an archival nature and took time to locate and organize (e.g., number of children enrolled, children's ages, etc.). The mail-out questionnaire would allow respondents time to consult their records and provide accurate, up-to-date information.

2.2. Questionnaire Designs

The questionnaires were designed to obtain both factual, descriptive information on the operation of the PHDC program and to elicit the opinions and attitudes of the participants towards the program. Several sources of information were consulted in designing the questionnaires to ensure that they collected the needed information.

The objectives of the survey as outlined in the Request for Proposal (see chapter 1) were, of course, a primary source for questionnaire design. The objectives were evaluated to determine which target group(s) would be best able to provide the desired information. The results, and interview schedules of the 1981 survey, were reviewed to select further types of questions or issues to address. Semi-structured interviews were conducted with ministry field staff, usually program advisors, from each of the ministry's 13 area offices to determine whether there were specific regional concerns or issues that should be addressed in the questionnaires. A final and ongoing source of information was provided by consultations with the project manager and the PHDC Review Advisory Committee.

For each of the four questionnaires, a similar process of development was followed. On the basis of the background information gathered from the aforementioned sources, an initial draft of the questionnaire was designed which focused upon identifying the topics that should be covered. This draft was reviewed with the project management team and revised when necessary. The revised draft of topics was then converted into a draft questionnaire (of specific questions). After one or two internal revisions (for wording and format), this draft of the questionnaire was reviewed by the project management team and a working group from the Advisory Committee. Based upon this review, the questionnaire underwent further revisions and refinement. After a second review by the project management team (and any subsequent revisions), the questionnaire was pre-tested on a sample of the target population. The feedback from the pre-test was used to make further revisions and to produce a final version of the questionnaire. Thus, prior to finalization, each questionnaire went through at least five reviews and a pre-test.

2.3. **Sampling Techniques**

Three different sampling techniques were employed in selecting respondents from among the agencies, home visitors, providers and parents. A census survey was conducted with the agencies. That is, a questionnaire was sent to each PHDC agency in the Province to obtain accurate information about descriptive aspects of the PHDC program (e.g., number of children enrolled, number of providers, staff size, etc.). Additionally, the inclusion of all agencies would assist in the identification of local or regional issues.

The PHDC agencies were requested to provide lists of their home visitors, providers, and parents enrolled with their program. Before providing the lists of providers and parents, some agencies who were concerned about privacy issues, first asked the providers and parents if they would be willing to be potential respondents to a survey. The lists, then, included only those parents and providers who agreed to participate (if sampled). Also, for reasons of confidentiality, some agencies provided the lists of providers and parents in coded form. The majority (68 of 78 agencies) did provide the requested information.

From the lists (or codes), a probability sampling technique was employed in the survey of home visitors (Kalton, 1983). Specifically, for each agency with more than one home visitor, a home visitor was randomly sampled from the lists provided. If an agency had only one home visitor, that home visitor was included in the survey. If the home visitor was also the Director or Co-ordinator of the PHDC program (and, therefore, had been requested to complete the agency questionnaire), the home visitor was not included in the sampling. As a result, some of the smaller agencies, where there was a single person performing both roles of Program Director/Co-ordinator and home visitor, were not included in the sample.

The rationale for employing a technique that included as many agencies as possible rather than a true random sample was similar to that for using a census sample with the agencies. That is, there was a desire to obtain information on local issues or concerns and a need for accurate descriptive information. A random sample would likely have been biased towards the larger (usually urban) agencies and excluded the smaller agencies.

Simple random samples (Kalton, 1983) were drawn from the lists (or codes) of providers and parents sent in by the agencies. The sample size was sufficiently large for both providers (N=305) and parents (N=558) to ensure adequate representation of PHDC agencies by type, location, and size (although, of course, larger agencies would be more prominent in the sample). In the case of providers, a further random sample of 10 providers was drawn from the PHDC agencies in the north to ensure adequate representation from that region.

2.4. Survey Distribution

Each of the four types of questionnaire was sent to the participants with a covering letter from the Director of the Child Care Branch of MCSS and a covering letter from Norpark. The letter from the Director of the Child Care Branch described the purpose(s) of the survey(s), introduced Norpark, and requested the various individuals' cooperation in ensuring the success of the survey. The letter from Norpark briefly reiterated the purpose(s) of the survey(s) and assured the participants that their responses would be treated confidentially and that not even MCSS would have access to the individually completed questionnaires.

Approximately six weeks after the first mailing of a survey, a second questionnaire, along with the covering letters and a reminder letter, was mailed to participants who had not yet returned their questionnaire. In the case of providers and parents, as codes were used rather than names, the second questionnaire (along with the reminder letter) was sent only to providers and parents of agencies who had at least one individual who had not returned the questionnaire. That is, while individual parents or providers were not identified by name in our records of sampling, they did have a unique agency identifier. Thus, if there were any parents or providers from a given agency who had not completed a questionnaire according to the number expected from that agency, all parents/providers with the agency were sent a second questionnaire. Of course, the parents/providers were asked to disregard the second questionnaire if they had already completed the original questionnaire.

As will be noted in the subsequent chapters on the individual surveys, the use of follow-up letters resulted in a high response to the surveys.

CHAPTER 3

RESULTS OF AGENCY SURVEY

Highlights of the Agency Survey Results

Seventy of the 78 PHDC agencies which existed in the Province of Ontario when the survey was conducted (March, 1988) responded to the survey for a return rate of 90%. With such a high return rate, we can be confident that the results reported in this chapter are very close to the results that would have been obtained had all 78 agencies returned their questionnaires.

Including the eight agencies that did not respond to the current survey, there were as of March, 1988, 43 non-profit agencies, 22 municipal agencies and 13 commercial agencies in Ontario. As of that date, the central region had 33 agencies, the southeast had 20 agencies, the southwest had 18 agencies, and the north had seven agencies. Since 1981, the number of agencies has doubled from 39 to 78 with the growth tending to be concentrated in the non-profit agencies. The number of agencies in each of the regions has doubled except in the southwest, which experienced a 38% increase in the number of agencies.

As of March 31, 1988, there were slightly more than 10,000 children in private home day care, an impressive 100% growth in enrollment from the 1981 survey. The number of children enrolled in PHDC has doubled in all regions of the Province except the southwest, where enrollment has increased by 64%.

Breaking down the total enrollment by age of the child, about 18% of the children are infants (under 18 months), 15% are toddlers (18-30 months), 29% are pre-schoolers (31 months-age five years), 13% are in kindergarten (over age five-under age six years), 22% are school-age (6-10 years), and 3% are school-age and over 10 years of age. About 80% of the children enrolled in the PHDC program are subsidized. As the age of the children enrolled in PHDC increases, a higher percentage of each age group is subsidized. Thus, 93% of the children over 10 years of age are subsidized compared with 63% of the infants. These results suggest that subsidized children tend to remain in the PHDC program whereas unsubsidized children leave the program as they grow older. Relatively small numbers of children have handicapping conditions (2%), receive extended hours of care (4%), or shift hours of care (3%).

Agencies indicated that the majority of children (55%) receive care for more than eight hours per day, while 29% of the children are cared for between four and eight hours and 16% are in care for less than four hours per day.

As a whole, the PHDC program experiences an extremely high turnover of children (87%). That is, in one year, almost as many children left the program as were enrolled in it. A variety of reasons were given for the loss of children from the program. Two of the more frequently cited reasons were that families left the district and that parents changed to a centre-based program.

Agencies take into consideration a large number of factors when placing a child with a provider. Some of the more important factors include the proximity of the provider's home to the parent's home or workplace, the ages of the children in the home, and the hours of care required. Generally, it is much more difficult for agencies to place children with special needs such as handicapping conditions, and children needing extended hours of care, or shift hours of care than it is to place children from any of the age groups who have no special needs. Agencies reported that it is difficult to place children with handicapping conditions because there is inadequate financial compensation for the providers, providers lack the necessary training, are unwilling to accept responsibility and are concerned that the work is too hard. In the case of children needing extended or shift hours of care, the most frequently raised difficulty is that the hours involved prevent providers from spending time with their own families.

Results show that agencies tend to offer a wide range of services to families enrolled with them but are less likely to make these services available to other families. Some of the more frequent services and activities offered to families in their program include information and referral services, newsletters, toy-lending libraries, workshops, and emergency care.

Home visitors typically have a caseload of 18-24 homes with 40-50 children being cared for in them. The turnover rate of home visitors averages around 15%. Agencies reported that home visitors spend a considerable amount of their time finding and training new providers and in placing new children. These results are consistent with findings obtained in other segments of the survey, which show that there is a high turnover rate among children and providers. Home visitors generally make at least four home inspections per year and each inspection lasts about 70 minutes. Furthermore, almost all agencies indicated that home visitors would make several other visits to providers for reasons other than inspection; for example, to exchange toys and equipment.

A variety of social and health service professionals are generally available to home visitors for consultation when necessary. These professionals include resource teachers, social workers, and health care workers.

Agencies were asked a number of questions about providers and their activities. There were 3,823 active providers and 548 inactive providers under contract with the 70 PHDC agencies in the survey. Almost all agencies reported that providers are self-employed and that there is a high turnover rate among providers. A number of reasons were given for why providers terminate their contracts including: providers returned to school, obtain other employment, or leave the area. Agencies usually recruited providers by word of mouth or advertising. In selecting providers, major factors taken into consideration were that the provider has a caring personality and can provide a safe environment. A number of factors make it difficult to recruit providers. Frequently cited factors are the difficulty of finding providers in the appropriate location and the fact that payments to providers are considered to be too low. Agencies offer a variety of services and resources to providers under contract with them but are much less likely to offer these services to providers with other agencies or to those from the informal system. Two of the services and activities offered to providers are workshops and newsletters.

About 3% of the providers under contract with PHDC agencies were dismissed in a one-year period. Reasons for terminating the contracts included the fact that the provider was caring for more children than was allowed, there was an inadequate level of supervision in the provider's home, and that there had been a violation of ministry or agency guidelines. However, from the agencies' point of view, problems with providers arise infrequently, with the most frequently reported problem being a poor parent-provider relationship.

The ministry Regulation is perceived by the agencies to be reasonably clear and easy to comply with, contributes to the effective operation of the PHDC program, and by setting minimum standards, helps to ensure good quality child care. The section of the Regulation which was often cited as being most relevant for ensuring quality child care, home capacity and age ratios, also posed the greatest difficulty for compliance.

Non-profit agencies were much more likely to have a Board of Directors than municipal or commercial agencies. Advisory committees were not very common in any type of agency.

(In principle, municipal agencies do not have Boards of Directors, although two municipal agencies in the sample reported having them.)

Agencies generally agree that one of their most important objectives is to provide quality care in a home environment. Two other objectives rated as relatively important were meeting community needs and providing care for people requiring financial assistance, an objective rated as being particularly important by municipal agencies.

The three major issues that appear to be of concern to agencies are financial issues, the ability of agencies to recruit adequate numbers of providers, and the possibility that providers may unionize. These issues also tended to be important when agencies identified factors inhibiting expansion of their agency. Agencies indicated that lack of demand, competition from other types of child care, and the Regulation were not critical factors inhibiting expansion.

Compared to centre-based care, PHDC is perceived by agencies to provide a warmer, less institutionalized home environment with more flexibility in hours and programming, a more convenient location and smaller groups of children. The weaknesses of PHDC compared to centre-based care are that there is less formal training, less supervision of providers, and less programming.

When agencies were asked the future directions they would like the Ministry of Community and Social Services to take in the PHDC program, an increase in funding was deemed the most important concern, with a review of the Regulation and an increase of public awareness or education rated as somewhat less important.

3.1. Data Collection

Seventy of the 78 PHDC agencies which existed in the Province of Ontario when the survey was conducted (March, 1988) responded to the survey. Table 3.1 presents the distribution of agency types according to region. From the table, it can be seen that non-profit agencies (58%) make up more than half of the total number of agencies, followed by municipal (29%) and commercial (13%) agencies. [Inclusion of the eight agencies which did not respond - non-profit (3), municipal (1), and commercial (4) - would not have altered this ranking.] The central region, which contains Metropolitan Toronto, has the most agencies (39%) followed by the southeast (28%), which contains Ottawa-Carleton, and southwest (24%) with the north having the smallest number of agencies (9%).

Table 3.1 **Number of Agencies by Location and Type of Agency**

Daycare Location	Type of Agency			
	Municipal	Non-profit	Commercial	Total
North	3 (4)*	3 (4)	0 (0)	6 (9)
Central	5 (7)	16 (23)	6 (9)	27 (39)
Southeast	3 (4)	14 (20)	3 (4)	20 (28)
Southwest	9 (13)	8 (11)	0 (0)	17 (24)
Total	20 (29)	41 (58)	9 (13)	70 (100)

* The percentage of the total is shown in brackets

3.2. Agency Growth

An initial task is to describe the growth of PHDC programs since 1981. The present survey provides two measures of size - the number of PHDC agencies and enrollment of children in the PHDC agencies. Both measures indicate that since 1981, the PHDC program in Ontario has doubled. A second task is to determine where the growth is occurring and, relatedly, whether there is differential growth between the agency types and in different regions of the province.

Compared to the 1981 survey, the present data indicate that the number of PHDC agencies has doubled from 39 agencies in 1981 to 78 in the current survey. This growth has tended to be concentrated in the non-profit agencies. Including the eight agencies that did not respond to the current survey, results indicate that there are now 43 non-profit agencies compared to 14 of these agencies in 1981. Expressed as a percentage, 55% of the agencies are now non-profit compared to 36% in 1981. Although the number of municipal agencies has increased from 18 agencies in 1981 to 22 agencies, this type of agency accounts for a smaller percentage of the total number of agencies in 1988 than in the previous survey. In 1981, 46% of the agencies were municipal, compared to 28% of the total in 1988. Commercial agencies have increased in numbers from seven agencies in 1981 to 13 agencies currently, but as a percentage of the total number of agencies remain about the same with 17% in 1981 and 18% in 1988.

The number of PHDC agencies has increased in all regions since 1981. When the eight agencies that did not respond in the current survey are included, the biggest percentage increase was in the southeast - from eight to 20 agencies, an increase of 150%. The north doubled in number of agencies - from three to seven - and the central region more than doubled - from 15 to 33. The southwest shows the least increase - from 13 to 18 agencies, a 38% increase.

3.3. Enrollment of Children

Table 3.2 shows the number of children enrolled in PHDC programs by region and type of agency. Examining total enrollment, the figures in Table 3.2 indicate that, as of March 31, 1988, the date agencies were asked to report enrollment of children, there were slightly over 10,000 children in private home day care. This number represents about a 100% growth in enrollment from the 1981 survey when there were 4,962 children enrolled in the program. Since there are currently about 100,000 children enrolled in centre-based programs, it would appear that PHDC serves about one tenth as many children as are served by centre-based care.

Comparison of Table 3.2 with Table 3.1 reveals a similar pattern of results except that municipal agencies tend to have more children enrolled in their programs than non-profit or commercial agencies. Although municipal agencies only make up 28% of the total number of agencies, about 46% of the children are enrolled with municipal agencies.

Table 3.2 **Number of Children Enrolled in Private Home Day Care by Location and Type of Agency**

Daycare Location	Type of Agency: Municipal		Non-profit		Commercial		Total	
North	364	(4)*	250	(2)	0	(0)	614	(6)
Central	1657	(16)	2172	(21)	557	(5)	4386	(43)
Southeast	538	(5)	1765	(17)	435	(4)	2738	(26)
Southwest	2140	(21)	396	(4)	0	(0)	2536	(25)
Total	4699	(46)	4583	(45)	992	(9)	10274	(100)

* The percentage of the total is shown in brackets.

Examining regional growth since 1981, shown in Table 3.3, enrollment has more than doubled in the north where the number of children has risen from 224 to 614, an increase of 174%. The number of children in the central region has also more than doubled from 2,063 to 4,386 (3,823 active), an increase of 113%. In the southeast region, the number of children served has also more than doubled, increasing by 143% from 1,126 to 2,738. In contrast, the number of children in the southwest has increased by 64% from 1,549 to 2,536. Compared to 1981, then, the PHDC program has doubled in all regions of the province except the southwest, both in terms of numbers of agencies and in enrollment.

Table 3.3 **Comparison of the Number of Children Enrolled in PHDC in 1981 and 1988 by Region**

Region	Year: 1981		1988	
North	224	(5)	614	(6)
Central	2063	(41)	4386	(43)
Southeast	1126	(23)	2738	(26)
Southwest	1549	(31)	2536	(25)
Total	4962	(100)	10274	(100)

* The percentage of each year's total is shown in brackets.

Table 3.4, which shows enrollment of subsidized and unsubsidized children by agency type, reveals that, overall, about 80% of the children currently enrolled in PHDC are subsidized. This figure is down slightly from the 1981 survey which found that 84% of the children were subsidized.

Table 3.4 **Number of Subsidized and Full Fee Children by Type of Agency**

	Type of Agency							
	Municipal		Non-profit		Commercial		Total	
Subsidized	4749	(96)*	2412	(63)	466	(60)	7627	(80)
Full Fee	203	(4)	1391	(37)	316	(40)	1910	(20)
Total	4952	(100)	3803	(100)	782	(100)	9537	(100)

* The percentage of each column total is shown in brackets.

Examination of Table 3.4 indicates that almost all children in municipal programs are subsidized (96%) and lower percentages of children are subsidized in non-profit (63%) and commercial (60%) agencies. This result is unsurprising because municipal programs have a mandate to meet the child care needs of parents needing subsidization. As described in Table 3.5, the percentage of subsidized children varies from region to region from high levels of subsidization in the southwest (92%) and north (89%) to lower levels of subsidization in the central (75%) and southeast (72%) regions.

Table 3.5 **Number of Subsidized and Full Fee Children by Region**

	Region									
	North		Central		Southeast		Southwest		Total	
Subsidized	558	(89)*	3406	(75)	1309	(72)	2354	(92)	7627	(80)
Full Fee	69	(11)	1114	(25)	514	(28)	213	(8)	1910	(20)
Total	627		4520		1823		2567		9537	

* The percentage of each column total is shown in brackets.

The totals for number of children enrolled in the PHDC program from Tables 3.2 and 3.5 are slightly discrepant. The data for both tables were calculated from the agencies' reports of total number of children in their program (Table 3.2) and number of children of different age groups and subsidized vs full-fee (Table 3.5). It is not clear which method of calculation by the agencies is correct.

Table 3.6, which presents the number and percentage of children of different ages enrolled in PHDC for the different types of agencies, shows a striking pattern of results. It appears that the age distribution of children varies across agency type. Municipal agencies tend to have a smaller percentage of infants and a larger percentage of school-age children than non-profit or commercial agencies. While only 12% of the children enrolled in municipal agencies are infants, a substantially larger percentage of infants are enrolled in the non-profit (22%) and commercial (36%) agencies. Further examination of this table indicates that a somewhat higher percentage of municipal agency children are school-age (28%) than are those in the non-profit (15%) and commercial (22%) agencies. Interpretation of these results will be deferred until later in this section, when table 3.9 has been presented.

Table 3.6 Number of Children of Different Ages Enrolled in PHDC by Agency Type

	Type of Agency			
Age of Child	Municipal	Non-profit	Commercial	Total
Infants (Under 18 months)	598 (12)*	840 (22)	279 (36)	1717 (18)
Toddlers (18-30 months)	754 (16)	602 (16)	110 (14)	1466 (15)
Pre-School (31 months-5 Yrs)	1409 (28)	1220 (32)	107 (14)	2736 (29)
Kindergarten (over 5-under 6 Yrs)	683 (14)	469 (12)	95 (12)	1247 (13)
School-Age (6-10 Yrs)	1405 (28)	551 (15)	175 (22)	2131 (22)
Over 10 Years	103 (2)	121 (3)	16 (2)	240 (3)
Total	4952 (100)	3803 (100)	782 (100)	9537 (100)

* The percentage of each column total is shown in brackets.

Examination of Table 3.7 indicates that there appear to be some differences between regions in the age distribution of enrollment, with the southwest region having a lower percentage of young children (infants and toddlers) and a higher percentage of school-age children than the other regions.

Table 3.8 shows the percentage of children of different ages in private home and centre-based care. PHDC has a much higher percentage of infants (18% versus 2%) and school-aged children (25% versus 12%) than centre-based care. Centre-based care is predominantly filled by pre-school or kindergarten children, with 78% of all children enrolled falling into these categories.

Table 3.7 **Number of Children of Different Ages Enrolled in PHDC by Region**

	Region									
Age of Child	North		Central		Southeast		Southwest		Total	
Infants (Under 18 months)	81	(13)*	960	(21)	369	(20)	307	(12)	1717	(18)
Toddlers (18-30 months)	107	(17)	750	(17)	317	(18)	292	(11)	1466	(15)
Pre-School (31 months-5 Yrs)	196	(31)	1317	(29)	375	(21)	848	(33)	2736	(29)
Kindergarten (over 5-under 6 Yrs)	80	(13)	577	(13)	278	(15)	312	(12)	1247	(13)
School-Age (6-10 Yrs)	156	(25)	822	(18)	390	(21)	763	(30)	2131	(22)
Over 10 Years	7	(1)	94	(2)	94	(5)	45	(2)	240	(3)
Total	627	(100)	4520	(100)	1823	(100)	2567	(100)	9537	(100)

* The percentage of each column total is shown in brackets.

Table 3.8 **Percentage of Children of Different Ages in Private Home and Centre-Based Day Care**

Age of Child	Centre-based*	Private Home
	%	%
Infants (Under 18 months)	2	18
Toddlers (18-30 months)	8	15
Pre-School or Kindergarten (31 months-under 6 years)	78	42
School Age (6-10 years)	12	22
Over 10 Years	0	3
Total	100	100

* Child Care Branch estimation. March, 1988

Comparison of the current enrollment figures with those reported in 1981 reveal a similar pattern of enrollment for children of different ages although the current program has a somewhat higher percentage of infants and toddlers (33% versus 27%) than the 1981 survey and a lower percentage of school-age children (25% versus 32%).

Table 3.9 shows the percentage of the total number of children who are subsidized for each type of agency. Examining first the right-most column, labelled percentage of total, the results generally indicate that in the PHDC program, older children are more likely to be subsidized than younger children. Thus 63% of the infants are subsidized, 73% of the toddlers are subsidized, 80% of the pre-schoolers are subsidized and about 92% of the school-aged children are subsidized. Furthermore, as Table 3.9 indicates, this pattern of results is clearly present across all types of agencies, although it is less striking in the municipal agencies because almost all children in a municipal agency are subsidized.

Table 3.9 **Percentage of Total Age Enrollment Which are Subsidized by Agency Type**

	Type of Agency			
Age of Child	Municipal	Non-profit	Commercial	Percentage of Total
	%	%	%	%
Infants	94	51	33	63
Toddlers	97	47	55	73
Pre-School	95	64	62	80
Kindergarten	96	72	94	87
School-Age	97	85	81	92
Over 10 Years	99	88	100	93

Thus, the conclusion that one may draw is that subsidized children tend to remain in the PHDC program, whereas unsubsidized children leave the program as they grow older. To understand why this might be, let us consider the child care choices available to a parent. A parent of an infant who needs child care currently faces restricted choices. Since many child care centres will not take infants, one of the few licensed child care facilities taking infants is the PHDC program. For this reason, the PHDC program will have a mixture of subsidized and unsubsidized infants. When children become older, a number of child care options are available to parents. Some parents may find centre-based care an increasingly attractive option as their child grows older because of the increased opportunities for socializing with other children, and so on. Thus, there is a tendency for children to be taken out of the PHDC program and put into a different type of child care because of the many alternatives that are available. However, it will be considerably easier for unsubsidized parents to take their children elsewhere than subsidized parents since a subsidized parent must find a subsidized space in another program, which can often be difficult. Because of this barrier, older children in the PHDC program who are subsidized will tend to remain in the PHDC program while unsubsidized children will tend to leave the program.

This explanation also helps account for the pattern of results shown in Table 3.6 in which the percentage of infants enrolled in municipal programs is lower than in the other two types of programs. This finding would appear to be a consequence of the higher percentage of subsidized children in municipal programs compared to non-profit and commercial programs.

Table 3.10 presents the hours of care received by children of different ages in the PHDC program. As this table shows, the majority of children (55%) are looked after for more than eight hours per day, and 84% of the children are cared for for more than four hours per day. A second finding is that young children tend to be looked after for more hours per day than older children. Until children reach school age, they tend to spend eight or more hours in the care of the provider. Not surprisingly, when children begin to attend school, they usually spend less than eight hours in PHDC.

Table 3.10 **Percentage of Children of Different Ages by Hours of Care Enrolled in Private Home Day Care Programs**

	Hours of Care			
Age of Child	0 - 4	4 - 8	Over 8	Total
	%	%	%	%
Infants	0	2	15	18
Toddlers	0	3	12	15
Pre-School	2	6	21	29
Kindergarten	1	7	5	13
School-age	11	10	2	23
Over 10	1	1	0	2
Total	16	29	55	100

Agencies were also asked to indicate the number of children enrolled in the program with particular needs. Results shown in Table 3.11 indicate that about 2% of the children have handicapping conditions, about 4% receive extended hours of care, and 3% are children whose parents work shifts. The 1981 survey reported a somewhat higher percentage of children with handicapping conditions (3.6%) and the same general percentage of children receiving extended hours of care or shift hours of care (7% for the combined categories). Thus, it would not appear that any major change has occurred since 1981 in the PHDC programs serving these target groups of children.

According to the Health and Activity Limitation Survey (HALS) carried out by Statistics Canada in 1986, about 4% of the children in Ontario from ages 0-9 are disabled, a figure which is roughly equal to the percentage of children with handicapping conditions present in the PHDC program.

Table 3.11 Enrollment of Children with Special Needs in Private Home Day Care Programs

	Handicapping	Extended	Shift	
Age of Child	Conditions	Hours	Hours	Total
No Subsidy				
Infants	3	17	13	33
Toddlers	2	15	7	24
Pre-School	3	4	16	23
Kindergarten	4	0	6	10
6-10 Years Old	6	3	2	11
Over 10 Years	3	1	0	4
Subsidy				
Infants	20	33	42	95
Toddlers	11	50	40	101
Pre-School	34	105	87	226
Kindergarten	24	66	24	114
6-10 Years Old	37	97	59	193
Over 10 Years	6	9	6	21
Total	153	400	302	855
Percentage of Enrollment	2%	4%	3%	9%

This result suggests that the PHDC program does not target or discourage children with handicapping conditions from enrolling in it. One caveat is that HALS and PHDC define disability somewhat differently. According to HALS, a disability is defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Individuals are not considered disabled if they use a technical aid and that aid completely eliminates the limitation". A child with a handicapping condition, according to the DNA Regulation, has "a physical or mental (or developmental) impairment which could continue for a prolonged period of time resulting in limited activities pertaining to normal living".

3.4. Turnover Rates of Children

The number of children entering and leaving the PHDC program is examined in Table 3.12 by region and type of agency. Examining first of all the overall means, Table 3.12 indicates that agencies had on average 147 children in their program as of March 31, 1988 (the date for which the information was requested), and that in the preceding year an average of 128 children left and 153 children joined the program. If the turnover rate is defined as the number of children who left the program divided by the number of children currently enrolled in the program, there is an extremely high turnover rate of 87%. That is, in one year almost as many children leave the program as are enrolled in it. The finding that, over the course of a year, more children enter than leave a program reaffirms that the number of children enrolled in PHDC agencies is increasing. The findings of high turnover rates and growth in enrollment appear to be quite general. They are found in all regions of the province although the turnover rate is somewhat lower in the central region compared to the other regions and for commercial agencies compared to the other types of agencies. Taken together, these results suggest that most agencies probably spend a fair amount of time placing children and making them familiar with a child care situation.

Table 3.12 **Average Number of Children in a Program, Entering a Program and Leaving a Program by Region and Agency Type**

	In a Program*	Entering a Program**	Leaving a Program**
Region			
North	102	116	95
Central	162	163	115
Southeast	137	117	128
Southwest	149	186	161
Mean	147	153	128
Agency Type			
Municipal	235	271	231
Non-Profit	118	107	93
Commercial	110	82	52
Mean	147	153	128

* On March 31, 1988
** Over a one-year period

Table 3.13 presents reasons why children leave an agency. Results indicate that the most important reason for leaving an agency is that families leave the district (66%). The second most important reason is that parents change to a centre-based form of care (50%). In contrast, only 19% of the agencies reported that switching to an informal form of child care was important, suggesting that children who leave the PHDC program tend to remain in a regulated form of child care rather than informal child care. Other reasons for leaving the PHDC program include: parents change work hours (32%), children become too old (31%), and children are no longer eligible for subsidy (32%).

Table 3.13 **Reasons for Children Leaving an Agency by Degree of Importance**

	Degree of Importance		
Reasons for Leaving	Not At All/ Little	Moderate/ Very	Number of Responses
	%	%	
Families Leave District	34	66	68
Parents Change to Centre-based Care	50	50	66
Parents Change Hours of Work	68	32	62
Children not Eligible for Subsidy	68	32	66
Children Become Too Old	69	31	67
Increase in Fees	76	24	66
Parents Change to Informal Care	81	19	67
Parents Dissatisfied With Program	91	9	66
Other	77	23	64

3.5. **Placement of Children**

Table 3.14 presents factors taken into consideration when placing a child in a provider's home. Results generally show that agencies take into consideration a large number of factors. Some of the more important factors include: proximity to parents' home or work (97%), ages of the children in the home, including the providers' (94%), and hours of care required (90%).

Table 3.14 **Importance of Factors to be Considered when Placing a Child**

Factor	Degree of Importance Not At All/ Little %	 Moderate/ Very %	Number of Responses
Proximity to Parents' Home or Work	3	97	70
Hours of Care Required	4	96	70
Ages of Children in the Home	6	94	70
Ages of Provider's Children	6	94	70
Similarity of Child-rearing Values	14	86	70
Behavioural Characteristics Handicap of the Child	33	67	67
Language/Ethnicity	49	51	70
Similarity of Parent and Provider Socio-economic Status	51	49	67

Table 3.15 presents the problems agencies have identified that make it difficult to provide care for children of different ages (infants, toddlers, preschoolers and school-aged children), while Table 3.16 presents the problems agencies have in providing care for children with particular needs (children with handicapping conditions, children needing extended hours, and shift hours of care). Looking first at the average difficulty in Tables 3.15 and 3.16, it can be seen that each of the groups with particular needs (Table 3.16) is substantially more difficult for the agencies to place than the children of different age groups who have no special needs (Table 3.15).

The results from Table 3.15 suggest that there appear to be differences among age groups in the difficulties agencies experience when trying to place children. Pre-schoolers appear to present the fewest difficulties. School-aged children are somewhat more difficult to provide care for than pre-schoolers, in part because providers do not have as great a financial incentive to take them, presumably because school-aged children are in the provider's care for fewer hours, and hence providers receive less money. And yet, because school-aged children are included in the number of children providers are permitted to care for, it may not be possible for a provider to receive extra money by caring for an additional child without exceeding the maximum permitted.

Toddlers and infants appear to be more difficult to place with providers than pre-schoolers and school-aged children. Difficulties identified appear to be similar for these two groups although infants appear to be somewhat more difficult to place than toddlers. Once again, agencies indicate that inadequate financial incentives to the provider is an important factor. Other important factors making it difficult to place these two groups include: providers are unwilling to accept responsibility, providers cannot go on excursions, and children in this age range require too much work.

Table 3.15 **Frequency with which Agencies Experience Difficulties Providing Care to Different Age Groups**

	Age Group				
Difficulty	Infants	Toddlers	Pre-School	School-Age	Number of Responses
	%	%	%	%	
Lack of Financial Incentive for Providers	61*	49	39	49	67
Providers not Trained	15	9	14	17	65
Providers not Willing to Have Responsibility	54	24	9	18	67
Restrict Excursions	43	25	5	12	65
Too Much Work for Providers	45	22	3	9	64
Providers Want Time for Their Own Families	28	25	20	25	64
Lack of Sleeping Accommodation	21	13	3	3	62
Agency Unable to Provide Support Services	6	5	3	6	62
Administrative Difficulties For Agency	5	5	5	5	62
Staffing Difficulties For Agency	13	13	11	10	62
Average Difficulty	29	19	11	15	

* All responses in this table are independent; therefore, they do not total 100.

Results shown in Table 3.16 indicate that agencies have considerable difficulty providing care for children that have handicapping conditions, or require extended or shift hours of care, a result that is consistent with the low enrollment rates found for these groups.

Agencies report that it is difficult to place children with handicapping conditions because there is inadequate financial compensation for the providers (49%), providers lack the necessary training (65%), are unwilling to accept responsibility (66%), and must work too hard (57%). In addition, having children with handicapping conditions makes it difficult for providers to go on excursions.

Table 3.16 **Frequency with which Agencies Experience Difficulties Providing Care to Children with Particular Needs**

Difficulty	Handicapped	Extended Hours	Shift Hours	Number of Responses
	%	%	%	
Lack of Financial Incentive For Providers	49	70	59	66
Providers Not Trained	65	5	2	66
Providers Not Willing To Have Responsibility	66	46	48	65
Restrict Excursions	37	15	23	62
Too Much Work For Providers	57	66	58	67
Providers Want Time For Their Own Families	15	82	85	67
Lack of Sleeping Accommodation	3	35	59	66
Agency Unable To Provide Support Services	29	16	19	63
Administrative Difficulties For Agency	12	13	16	61
Staffing Difficulties For Agency	20	23	23	61
Average Difficulty	35	37	39	

* All responses in this table are independent; therefore they do not total 100.

Children requiring extended hours of care and shift hours of care are difficult to look after for similar reasons. Some of these reasons are the same ones cited for children with handicapping conditions: lack of financial incentives to providers (59%), too much work (58%), and responsibility (48%) for the provider. However the most frequently raised difficulty is that providers cannot spend time with their families (over 80%). In addition, children needing shift hours of care require sleeping accommodation (59%).

The differences in the difficulties agencies have placing children with handicapping conditions compared to children requiring shift hours of care or extended hours of care suggest that, while it may be possible to place more children with handicapping conditions in a PHDC setting, it appears to be very difficult to place more children requiring unusual hours of care. If it were decided to try to place more children with handicapping conditions, results from this question suggest that providers need to be given more training so they can confidently deal with the responsibility of caring for a child with a handicapping condition. In addition, since children with handicapping conditions often require more of the provider's time, a mechanism may need to be developed to permit providers to be financially compensated for their time, and allow them to look after fewer children. It appears to be considerably more difficult to increase placement of children needing extended or shift hours of care, primarily because provision of care during unusual hours will interfere with the time a provider wants to spend with her family and there appears to be no way to alleviate that difficulty.

3.6. Services Provided by Agencies to Families

Table 3.17 indicates the extent to which agencies offer a range of services to families enrolled in their programs and to other families. The services have been grouped into information services, activities available to families, and child care services. Results generally show that agencies tend to offer a wide range of services to families enrolled with them but are less likely to make these services available to other families. With respect to information services, most agencies offer information and referral services (88%) and newsletters (86%) to families enrolled with their agencies. Family counselling is offered by 22% of the agencies, with non-profit agencies being somewhat more apt to provide this service. On average, 7% of the agencies responding maintain a registry of unsupervised caregivers which is available to both families enrolled with them and other families. The majority of agencies (54%) offer information and referral services to families who are not registered with them, with considerably fewer offering the other services to these families.

Examining the activities for parents and children to use, almost all (88%) the agencies offer workshops to parents with children enrolled with them, while 35% offer the workshops to other parents as well. The majority of the agencies (72%) have a toy-lending library for agency parents' use and 20% make the library available to other parents. Less than half the agencies offer playgroups (48%) and drop-in centres (28%) and, of these, 18% offer the use of a drop-in centre and 14% offer playgroups to families not enrolled with their agencies.

Table 3.17 also outlines the child care services provided by agencies for children and parents (i.e., emergency care, sick care, centre-based care, parent relief, and children's warmline). A warmline is a telephone service children may use while alone in the house and in need of support or help. Approximately half of the agencies (51%) offer emergency care to families enrolled with them while fewer offer centre-based care (43%), parent relief (23%), or sick child care (18%). Very few agencies (4%) offer a children's warmline. Centre-based care (21%) and emergency care (16%) are offered to other families by a small number of agencies; however, very few offer sick child care (5%), parent relief (3%) or a children's warmline (2%) to families who are not enrolled in the agency's program.

3.7. Home Visitors

The home visitor is in a pivotal role in the PHDC program. The home visitor, employed by an agency, is responsible for providing support to providers and parents through such activities as counselling, matching children with providers, and assisting providers and parents to resolve problems they may have. In addition, the home visitor is responsible for monitoring and inspecting the providers to ensure that they comply with the ministry Regulation. Depending upon the particular agency, the home visitor may have further responsibilities and activities.

The present section provides a description of the home visitor's responsibilities and workload as described by the agencies. Responses to questions such as case load of providers and children, time devoted to other responsibilities including those of an administrative nature are outlined. In addition, the support given by agencies to home visitors for professional development and delineation of home inspection activities are discussed. A later Chapter, based upon the results of a survey of the home visitors, further explores the responsibilities, training and concerns of home visitors.

Table 3.17 Percentage of Agencies Offering Services to Families

Service	Families with the Agency	Other Families
	%	%
Information Services		
Information & Referral	88	54
Newsletters	86	21
Family Counselling	22	12
Registry of Unsupervised Caregivers	7	7
Activities For Children And Parents		
Workshops	88	35
Toy-lending Library	72	20
Playgroups	48	14
Drop-in Centre	28	18
Child Care Services		
Emergency Care	51	16
Centre-based Care	43	21
Parent Relief	23	3
Sick Care	18	5
Warmline	4	2

3.7.1 Caseload of Home Visitors

The ministry Regulation specifies that there must be one home visitor for each 25 homes. Given the maximum home capacity allowed under the Regulation, it follows that a home visitor's theoretical maximum caseload in terms of children would be 125, (i.e., a maximum of five children per home x 25 homes = 125 children). The agencies were asked whether their policy in terms of number of homes per home visitor differed from that of the ministry Regulation, and if so, how.

Results indicate that most agencies (73%) do not have policies that differ from the 1:25 ratio required by the ministry Regulation. Furthermore, most of the agencies which do have different policies regarding the number of homes for which a home visitor is responsible, require a ratio under 1:25.

When asked about the actual practice (as opposed to policy), the average number of homes actually visited by home visitors was less than 25; municipal (18.9), non-profit (18.5), and commercial (24.0) (see Table 3.18). While some commercial agencies do report that their home visitors are responsible for more than 25 homes, the majority of agencies are under the maximum 1:25 ratio.

Table 3.18 indicates the average number of children in a home visitor's caseload. All agencies are below the theoretical maximum of 125 children, with home visitors of commercial agencies having a slightly greater caseload (52.1 children) than home visitors of either municipal (47.6) or non-profit (42.9) agencies.

Table 3.18 **Average Number of Homes and Average Number of Children in Home Visitor's Caseload by Agency Type**

Type of Agency	Average Number of Homes	Average Number of Children
Municipal	18.9	47.6
Non-profit	18.5	42.9
Commercial	24.0	52.1
Number of Responses	**67**	**64**

The statistics for the foregoing table exclude one of the commercial agencies. This agency reported having two home visitors for 50 homes (consistent with the ministry Regulation), but stated that the two home visitors both have responsibility for all 50 homes but did not specify how the caseload was divided.

For the most part, then, the agencies are within the ministry Regulation in terms of the caseload expected of home visitors. A few agencies have chosen to define a home visitor's caseload in terms of number of children rather than number of homes. However, in these cases the number of children is less than 125 and, in practice, the number of homes is less than 25.

3.7.2 Turnover of Home Visitors

Table 3.19 presents the average number of home visitors hired compared to the average number who left the agency in the past year. The bottom row presents the average number of home visitors with an agency as of March 31, 1988. Results from this table indicate that turnover, the number of home visitors leaving an agency in a year compared to the average number of home visitors with an agency at a given time, is reasonably low, and overall averages about 15%. In other words, an average of .5 of a home visitor leaves an agency with a mean size of 3.3 home visitors. Turnover rates do not appear to vary dramatically with the type of agency. In addition, as indicated in Table 3.19, for all types of agencies more home visitors were hired during the preceding year than left the agency with an overall average of 1.2 home visitors being hired versus 0.5 who left. This result is consistent with the enrollment data in indicating a pattern of growth in the PHDC program.

Table 3.19 Average Number of Home Visitors Hired vs Those Who Left in 1987 by Agency Type

Type of Agency	Average Number Hired	Average Number Who Left	Average Number With An Agency*
Municipal	1.7	0.7	4.9
Non-profit	1.0	0.5	2.8
Commercial	0.9	0.1	2.1
Overall Mean	1.2	0.5	3.3

* The numbers in this column were derived from other data in the Agency questionnaire.

3.7.3 Activities of Home Visitors

The agencies were requested to rate the amount of time home visitors were required to spend on a variety of activities. Table 3.20 displays the percentage ratings (ranging from "not at all" to "a great deal") for 14 different activities. Home visitors spend much of their time finding and training new providers and placing new children, and less of their time on ongoing, program-related activities. Specifically, Table 3.20 indicates that home visitors spend a considerable amount of time in the recruitment (86%) and orientation of new providers (87%), the education of providers (89%), and explaining regulations (90%) to providers. Home visitors are also busy placing children (96%) and having the initial interviews with parents (91%). Home visitors tend to spend less of their time in ongoing program-related activities (e.g., organization of play groups, provider groups, or parent groups). These results are consistent with the findings that agencies have high turnover rates of children and providers.

Further results show that home visitors in municipal agencies spend less time with the organization of provider groups, organization of parent groups, and other contact with parents than do home visitors of non-profit and commercial agencies. Municipalities have the responsibility of performing needs testing for all subsidized families whether they are being served through a municipal agency or a purchase of service agency. Thus, home visitors with municipal agencies spend more time in the completion of Form 1 (needs testing) than home visitors with the other agencies.

Table 3.20 **Percentage of Agencies Rating Time Spent by Home Visitors in Performing Activities**

Activity	Amount of Time Spent Not at all/ Very Little %	 Moderate/ Great Deal %	Number of Responses
Placement Of Children	4	96	68
Initial Interviews With Parents	9	91	67
Explaining Regulations	10	90	68
Ongoing Education Of Providers	11	89	64
Orientation For New Providers	13	87	68
Recruitment Of New Providers	14	86	69
Phone Contact With Parents	21	79	66
Contact With Providers	28	72	68
Personal Contact With Parents	29	71	68
Other Contact With Parents	49	51	67
Organization Of Provider Groups	50	50	66
Organization Of Play Groups	59	41	64
Completion Of Form 1	74	26	66
Organization Of Parent Groups	81	19	65

Agencies displayed considerable variation in the number of times home visitors were required to inspect a provider's home (see Table 3.21). Most agencies required four or more inspections per year, although 30% of the municipal and 14% of the non-profit agencies required three or fewer inspections. All commercial agencies required four or more inspections per year. Despite the variations in number of home inspections, the agencies in general were in agreement that a home inspection lasted for just over 70 minutes and that agencies stipulated the activities that home visitors should carry out during an inspection. Furthermore, almost all agencies (94%) expected that home visitors would make several visits to providers for reasons other than inspections. The most common response across agencies for the frequency of visits, excluding inspections, was 12 times per year.

Nearly all agencies (96%) stated that they had a policy for home visitors to engage in professional development activities, and most agencies either wholly (81%) or partially (16%) compensated home visitors for attending professional development courses, workshops, or conferences.

Table 3.21 **Percentage of Agencies Requiring a Specific Number of Home Inspections Per Year by Agency Type**

Number of Inspections	Type Of Agency Municipal	 Non-profit	 Commercial	 Total	Number of Responses
	%	%	%		
Fewer Than Three	10	12	0	10	7
Three	20	2	0	7	5
Four	50	33	22	36	25
Five	5	8	0	6	4
More Than Five	15	45	78	41	28
Total	100	100	100	100	69

3.7.4 Resources Available to Home Visitors

Home visitors may call upon a variety of social and health service professionals if required. Table 3.22 lists the resources available to home visitors for the different types of agencies. Most municipal agencies (74%) either had a resource teacher on staff or one was available for consultation by home visitors. Similarly, many non-profit agencies (58%) had resource teachers available, whereas only 33% of commercial agencies had this resource available. Social workers were available to home visitors in most municipal (89%) and non-profit (76%) agencies but to a lesser extent for commercial agencies (50%). Health care professionals, and other professionals were available to home visitors for the vast majority of all three types of agencies and most had access to a resource library. Thus, for the most part, the agencies either have on staff, or have available in the community, a number of program-related support personnel for home visitors.

Table 3.22 **Percentage of Agencies with Resources Available to Home Visitors by Agency Type**

Resource	Type Of Agency Municipal	 Non-profit	 Commercial	 Total	Number of Responses
	%	%	%		
Resource Teacher	74	58	33	60	63
Social Worker	89	76	50	77	62
Health Care Worker	95	95	83	94	64
Resource Library	89	95	83	92	62
Other professional consultation	95	95	86	94	66

3.8. Providers

The provider is directly responsible for the care of the children placed in her home by the agency: their health, nutrition, safety, and program activities. The provider, then, is a very important person in the PHDC program.

This section briefly reviews the agencies' descriptions of providers, such as the number of providers in a program, turnover rate, bases for hiring a provider and problems with providers. A future chapter, based on a survey of the providers, will present more information from the providers' point of view.

There are currently 4,371 providers under contract with the 70 PHDC agencies included in the present survey. Of these, 548 are inactive; that is, they currently have no agency-placed children in their care, and 3,823 are active.

3.8.1 Employment Status of Providers

The agencies were asked the employment status of their providers and whether they played a role in obtaining liability insurance for their providers. As would be expected, the vast majority of agencies (94.3%) reported that their providers were self-employed, while one reported that their provider(s) was an agency employee(s) and three described the provider as "other".

Most agencies (76%) reported playing a role in obtaining liability insurance for the providers. Almost half of these agencies (24/51) carried the insurance policy under which providers were covered, usually at no cost to the provider. A further seven agencies carried blanket coverage for which providers paid a portion of the premium, while three agencies provided extra coverage in addition to the provider's own policy. Seven agencies reported that they carried blanket insurance but that providers were obliged to obtain their own coverage. Finally, eight agencies referred providers to brokers or insurance agents who were known to provide liability insurance at reasonable rates. Two agencies did not stipulate the role they took in obtaining insurance.

3.8.2 Turnover of Providers

Table 3.23 presents the average number of providers under contract with an agency as of March 31, 1988, and the average number of providers joining or leaving the program in the previous year broken down by region and agency type.

The average number of active providers range from a high of 83 for municipal agencies to 44 for non-profit and 39 for commercial agencies. The agencies do not have many non-active providers - municipal (6), non-profit (9), and commercial (9). However, there does seem to be a fairly high rate of turnover among providers. On the average, municipal agencies had 44 providers leave their agencies in the previous year, while recruiting 57 new providers. Non-profit and commercial agencies had, respectively, an average of 20 and 14 providers leave in the previous year, while recruiting an average of 26 and 25 new providers, respectively.

Table 3.23 **Average Number of Providers Under Contract, Joining or Leaving an Agency by Region and Agency Type**

	Under Contract*	Average Number Leaving**	Average Number Joining**
Region			
North	25	6	10
Central	58	25	34
Southeast	56	28	39
Southwest	57	34	43
Mean	55	26	36
Agency Type			
Municipal	83	44	57
Non-profit	44	20	26
Commercial	39	14	25
Mean	55	26	36

* In March, 1988

** Over a one-year period

The reported numbers for active providers, those leaving the program in the previous year, and the number of new providers recruited, suggest a couple of patterns in the PHDC program. First, if turnover rate is considered to be the number of providers leaving a program divided by the total number of active providers in the program, the data indicate a very high turnover rate of providers in a one-year period. Averaging within an agency type, the turnover rate ranges from a low of 36% in commercial agencies to 44% in non-profit agencies and a high of 52% in municipal agencies. Such a high turnover rate may use considerable amounts of the agency staff's time. Administrative staff will be required to establish new contracts and file terminations, while the home visitors will have to recruit and train new providers, and ensure the children are relocated.

A second finding in Table 3.23 for all agency types was that more new providers were recruited in the past year than left the program. That is, the number of providers in the PHDC program is increasing. This result is consistent with the growth in enrollment and in the number of home visitors reported previously.

A variety of reasons were given by the agencies for why providers terminated their contracts. The most frequent reasons offered by agencies were that providers returned to school, obtained outside employment (59%) or left the area (50%). While clearly an important factor, only 29% of the agencies reported that providers left due to their low income. Other frequent reasons provided by agencies for the attrition of providers were the restrictions and paperwork created by the Regulation (23%), a change to providing informal care (21%), family reasons (20%), burnout (18%) and, surprisingly, lack of children (17%). These results suggest two options which are available to agencies and MCSS in order to prevent provider attrition. These are to increase provider payments and reduce the amount of paperwork, actions which may reduce the number of providers switching to informal care.

3.8.3 Recruiting and Selecting Providers

The agencies were asked how they usually recruited providers and what they considered to be the most important factors in selecting new providers. In terms of method of recruitment, agencies relied heavily on word of mouth - 99% indicated that this method was used either "frequently" or "sometimes". Advertising was also rated high in terms of frequency of recruitment (88%) with recruitment through parents receiving more moderate ratings (77%). Infrequently used methods of recruiting were agency meetings (23%) and other agency activities (26%).

Although the two main methods of provider recruitment remain word of mouth and advertising, in 1981 more agencies recruited through advertising (95%) than word of mouth (85%). Fewer agencies reported that providers were recruited through parents (33%) or agency activities (36%). Thus, since 1981, there has been a substantial increase in the recruitment of providers through parents, with 77% of agencies now reporting using this method "sometimes" or "frequently".

There appears to be agreement among the agencies regarding the most important factors to consider when selecting a new provider (see Table 3.24). The two most important considerations were that the provider has a caring personality and can offer a safe environment. Other important considerations were that a provider love children and have a convenient location of their home. Some importance was attached to a provider's common sense, experience with children, and previous training in child care. The only other factor that was rated as a consideration in selecting a provider, and mostly as a third choice, was a provider's willingness to learn new skills. The selection of a provider appears to be largely dependent upon their having a positive orientation towards children and appropriate facilities (both in terms of safety and location) rather than formal training or experience in child care.

The most important characteristic of a provider in 1981 was a love of children, as it is today. However, at that time, 97% of the agencies also reported that a clean and safe environment was an important consideration while a safe environment was named by 69% in 1988. Therefore, while safety is still the most frequently considered factor, there is less consensus today regarding its importance than there was in 1981. More agencies in 1981 found experience with children an important factor (59% vs 20%). It is interesting that separate play and sleep areas were considered important by 64% of the agencies in 1981 but by none in 1988. It was also considered important that a provider have outdoor space (38%), that she be flexible (28%) and that she relate well with adults (26%). None of these factors were a major consideration in the present survey.

There is considerable agreement among the agencies about the factors that create difficulties in recruiting providers (see Table 3.25). The two most serious factors were difficulty finding providers in desired geographic locations and provider payments being too low which were rated as "sometimes" or "frequently" causing problems by 97% and 87% of the agencies. Creating problems for substantially fewer agencies were factors such as health (35%) and fire (21%) regulations and municipal policies (33%).

The three main difficulties of recruiting providers reported in 1981, as in 1988, were finding providers in the required location (36%), the strict standards (31%) and low provider payments (28%). Then, as now, some providers also objected to the amount of paperwork required (21%). Additional difficulties reported in 1981 but not in 1988 were that providers did not meet the agency requirements (25%) and that providers were unwilling to declare their income for tax purposes (21%).

Table 3.24 **Percentage of Agencies Rating a Factor as one of Three Most Important when Appraising New Providers by Agency Type**

	Type of Agency			
	Municipal	Non-profit	Commercial	Total
	%	%	%	%
Safe Environment	75	70	50	69
Caring Personality	60	62	50	60
Love of Children	35	34	37	35
Location of Home	36	24	62	32
Willingness to Learn	26	24	37	26
Common Sense	25	21	12	21
Experience with Children	10	26	12	20
Previous Training	5	15	0	11
Clean Home Environment	10	8	0	8
Good Rapport with Adults	10	3	12	4
Flexibility of Hours	5	0	12	3
Transportation	0	3	0	2

Table 3.25 **Difficulties in Recruiting Providers**

Difficulty	Never/ Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Finding Providers in Desired Geographic Location	3	97	69
Provider Payments Too Low	13	87	69
Ministry Regulations Too Stringent	34	66	68
Paper Work Too Time Consuming	37	63	68
Objections to Agency Policies	40	60	67
Health Requirements Too Stringent	65	35	68
Objections to Municipal Policies	67	33	66
Fire Requirements Too Stringent	79	21	68

3.8.4 Training and Resources Available to Providers

Although a number of agencies (58%) do not provide training to providers before placing children in their care, virtually all agencies (99%) provide training after placing children with providers.

The agencies were requested to indicate the types of services or resources offered to providers and whether these services were also available to providers who were not under contract with them. Results show that agencies generally offer a variety of services to providers under contract to the agency but are much less likely to offer these services to other providers (either those with another agency or who provide informal care). Table 3.26 presents the responses to this question. With respect to information services, almost all the agencies offer workshops (95%) and most agencies, regardless of type of agency, offer newsletters (90%) while family counselling is generally not offered (19%). Only workshops (32%) and newsletters (19%) are offered to other providers to any extent, with very few agencies offering family counselling (7%).

The activities for providers and the children in their care (see Table 3.26) vary in availability. The majority of the agencies provide a toy-lending library (76%) and playgroups (60%). Fewer agencies provide a drop-in centre (27%). Playgroups (17%), drop-in centres (16%) and toy-lending libraries (16%) are not widely available to other providers.

There appear to be a variety of program-related resources available to providers in addition to those named above. These resources could be provided by the agency, the local community, the ministry, or from a combination of these sources. The vast majority of agencies have resource libraries (95%), and resource teachers (55%) are available to just over half the agencies. However, few agencies are able to provide special transportation services (25%) to their providers.

A higher percentage of agencies now have resources available to providers than was the case in 1981. The greatest increases are in the availability of libraries - now available in 95% of the agencies compared with 64% in 1981 - and toy or equipment lending (96% vs 72%). The availability of resource teachers has also increased slightly (55% vs 46%). Special transportation, while somewhat more available (25% vs 18%) than in 1981, is still offered by relatively few agencies.

Table 3.26 **Percentage of Agencies Offering Services to Providers**

Services	Providers with the Agency	Other Providers
	%	%
Information Services		
Workshops	95	32
Newsletters	90	19
Family counselling	19	7
Activities for Providers and Children		
Toy-lending library	76	16
Playgroups	60	17
Drop-in centre	27	16

3.8.5 Termination of Contracts with Providers

Over half of the agencies (59%) reported that they had terminated the contract of at least one provider during the preceding year. However, the number of providers dismissed is a small percentage (less than 2.5%) of the total number of active and inactive providers currently under contract with the PHDC agencies. The average number of providers dismissed per agency, which showed little difference between agency types, ranges from 1.5 for municipal to 1.3 for non-profit and 1.1 for commercial agencies. While the agencies gave a variety of reasons for terminating the contract of a provider, few of these reasons had occurred on more than one or two occasions. Reasons for dismissal which occurred with some degree of frequency were that the provider was caring for more children than allowed under the DNA (21%), provided an inadequate level of supervision (9%) and violated ministry or agency guidelines (10%).

In general, agencies report that few problems arise with providers. The agencies were asked how frequently they encountered seven specific problems outlined in Table 3.27. The most frequently cited problems were a poor parent-provider relationship (65%) and, to a lesser extent, a poor relationship between providers and children (34%) and inappropriate methods of behaviour management (32%).

Table 3.27 **Problems Which may Occur with Providers**

	Never/ Rarely %	Sometimes/ Frequently %	Number of Responses
Poor Parent-Provider Relationship	35	65	70
Poor Provider-Child Relationship	66	34	68
Inappropriate Methods of Behaviour Management	68	32	68
Failure to Provide Nutritionally Adequate Food	78	22	69
Poor Agency-Provider Relationship	78	22	69
Inadequate Quality of Care	80	20	69
Objections to Agency Policies	40	60	67
Failure to Follow Procedures for Serious Occurrence	89	11	69

3.9. Regulation

Results from the questionnaire indicate that agencies generally believe that the ministry Regulation is reasonably clear, can be complied with, contributes to the effective operation of the PHDC program and, by setting minimum standards, helps to ensure good quality child care.

Agencies were asked to rate the ministry Regulation in terms of its importance to the effective operation of a PHDC program. Of the 69 agencies responding, all found it to be "very important" (78%), or "somewhat important" (22%). When asked to rate the importance of the Regulation for ensuring the quality of child care, almost all the agencies rated it as either "very" (75%) or "somewhat" (20%) important.

3.9.1 Relevance of the Regulation

Sixty-six out of 70 agencies responded to an open-ended question which asked agencies to cite sections of the Regulation that they deemed most relevant to ensuring the quality of child care. Most agencies cited more than one section giving a total of 172 responses. Not surprisingly, the sections most often cited tended to be about the provider and her home. The section deemed most relevant was the section restricting the number of children a provider may have in her home at any one time (home capacity). This section was cited by 65% of the agencies. The allowable number of children of each age group (ratios) was also considered very important by a number of municipal and commercial agencies (52%), although this section was not mentioned as frequently by non-profit agencies (23%).

Sections of the Regulation governing provisions for the children's health and safety were cited as being important by over half of the non-profit agencies (56%) while they were mentioned far less frequently by both commercial (25%) and municipal (21%) agencies.

Of greater significance to municipal agencies (47%) was the requirement that providers' homes be supervised by the agency (including spot checks as well as quarterly checks). This requirement was also mentioned by 26% of the non-profit agencies, while no commercial agency cited this section as being relevant.

The value of three other sections were cited by all three types of agencies. These were the requirement to provide a program of activities for the children (21%); allowable behaviour management techniques (18%); and sections of the Regulation governing nutrition (21%).

While there was a fairly high consensus regarding sections deemed to be most relevant for ensuring quality of care, little consensus emerged regarding those deemed least relevant. Among the 33 agencies which responded to this question, eight agencies indicated that some sections governing the physical environment in the provider's home were the least relevant to ensuring quality day care. These included the requirement that a temperature of 68°F be maintained in the home, that a thermometer be kept in the fridge, and space requirements. Four agencies found both the required paperwork and the schedules for outdoor play and sleep times to be of little relevance.

3.9.2 Clarity of the Regulation

In terms of the clarity of the Regulation, the majority (87%) of the agencies who responded (N=68) rated it either "somewhat" or "very" clear, 12% of the agencies found the Regulation to be "somewhat unclear", and one agency (1%) indicated the Regulation was "very unclear".

3.9.3 Compliance with the Regulation

A similar pattern emerged when agencies were asked about compliance with the Regulation. Of the 68 agencies answering this question, 85% rated compliance with the Regulation as "somewhat easy" or "very easy", and 15% of the agencies indicated that compliance with the Regulation was "somewhat difficult".

Agencies were asked to indicate specific sections of the Regulation with which they experienced difficulty in complying. Of the 57 agencies responding, some gave more than one response, resulting in a total number of 70 responses. On the whole, a variety of sections were cited. However, it is interesting to note that the sections most often cited as being relevant for ensuring the quality of care (home capacity and age ratios) also appear to pose the greatest difficulty for compliance. Specifically, age ratios and home capacity were cited by 35% of the agencies as being difficult to comply with. Differences between different types of agencies emerged, with 75% of the commercial agencies reporting difficulty in complying with age ratios and home capacity, followed by 32% of the non-profit agencies and 20% of the municipal agencies.

A number of agencies (12%) indicated that it was difficult to provide the required time for outside play, while 11% of the agencies had difficulty with local fire and health inspections. Other sections which posed difficulties for individual agencies included: the provision of individual sleeping quarters, sections of the Regulation governing safety, the required training for providers, supervision of school-age children, sections governing nutrition, providing parents with a program of activities, record-keeping by providers, monitoring of behaviour management, and enforcing the requirement for a child to have a medical before being placed in a home. (In fact, the requirement for a child to have a medical is not required by the Regulation, rather it is a requirement of some municipal agencies.)

3.9.4 Concerns about the Regulation

Agencies were asked for their comments regarding both the Regulation as a whole and specific sections about which they had concerns. Thirty-seven agencies made comments about the Regulation in general, while 27 commented on specific sections of the Regulation.

As a whole, the Regulation was perceived by 12 agencies to be advantageous for the PHDC program, acting as a minimum standard for quality day care. Some concern was raised with the appropriateness of the Regulation in terms of both area of operation and type of day care. Two agencies, one in the north and one in the southwest, felt that the Regulation was more appropriate for urban than rural areas, where large distances may make the monitoring of homes a difficult and time-consuming task. Three agencies, one in the southeast and two in the southwest, felt that some sections were more relevant for centre-based day care. The sheer number of requirements was felt by three agencies to be overwhelming for providers, while four found the amount of documentation required to be excessive.

Other comments regarding the Regulation as a whole were that it needed to be more flexible (3/37) and the intent of the Regulation needed to be stated more clearly (4/37). Four agencies indicated that the manual itself was difficult to follow.

In terms of specific sections of the Regulation, the concern with age ratios was reiterated by 11 agencies. Nine agencies desired that the ratios be more consistent with other types of day care programs while two commercial agencies wished to have more flexibility in the age ratios in order to accommodate more school-age children.

3.9.5 Additional Agency Requirements Beyond the Ministry Regulation

Agencies were asked whether there were additional rules or requirements pertaining to family day care beyond those of the ministry Regulation. Results suggest that there are many and diverse additional requirements, the source of which, in the main, tends to be the agencies themselves. For the most part, the aim of these requirements is to ensure the safety of the children while in a provider's care. Specifically, over half the agencies (63%) reported additional requirements, with 20 additional municipal requirements being reported as well as 42 additional agency requirements. Ten agencies reported additional requirements but did not indicate whether the source was the municipality or the agency.

A variety of requirements were reported and there was little consensus regarding a requirement or its source. However, safety aspects of the provider's home appeared to be of the greatest concern. Seven agencies indicated that a home could not possess a pool, and all but one reported this to be an agency requirement. It was also reported by five agencies that only single family dwellings could be day care homes (that is, no apartments, townhouses or co-ops could be used). Three agencies reported this to be a municipal requirement with the remaining two stating it to be agency policy. Three agencies indicated an agency requirement that apartment balconies not be accessible to the children.

Six agencies reported that potential providers and their families were checked by either the police, the Children's Aid Society or both. Again, this was reported to be agency policy by five of the six agencies, with one agency stating it to be a municipal requirement.

Finally, six agencies reported regulations surrounding transportation of the children by the provider. According to four agencies, providers could not transport the children in their cars, while two agencies indicated that the law requiring the use of car seats was strictly enforced.

3.10. Organizational Structure

PHDC agencies were asked whether their agency had a Board of Directors or an Advisory Committee. Table 3.28, which presents these results, indicates that Advisory Committees are not very common to any type of agency. Non-profit agencies are much more likely to have a Board of Directors (90%) than commercial (22%) agencies. While municipal agencies do not have Boards of Directors, two municipal agencies (11%) reported having a Board. Of the agencies having Boards of Directors, non-profit agencies often have parental representation (68%) with representation by providers less frequently (29%), while only one municipal agency and no commercial agencies have parents represented on the Board of Directors. In the latter two types of agencies, there was no representation by providers.

Table 3.28 **Governing or Advisory Bodies by Type of Agency**

	Type of Agency		
Governing or Advisory Body	Municipal	Non-profit	Commercial
	%	%	%
Board of Directors	11	90	22
Advisory Committee	21	2	0
Both	0	3	0
Neither	68	5	78
Total	100	100	100
Number of Responses	**20**	**41**	**9**

It was noted in the 1981 report that non-profit organizations were required to have a Board of Directors. Consequently, all (14/14) non-profit agencies at that time, compared with 90% in 1988, reported having a Board of Directors while only two reported the existence of an Advisory Committee. In contrast, in 1981, the majority of municipal agencies (61%) had an Advisory Committee while none had a Board. One commercial agency had a Board of Directors. Representation by parents on Boards of Directors has declined slightly since 1981 (67% vs 73%) while representation by providers has remained approximately the same (26% in 1988 vs 27% in 1981).

3.11. Objectives of PHDC Agencies

Agencies were asked to rate the goals or objectives they wanted to achieve with their program. The results, presented in Table 3.29, show that agencies generally agree that one of their important objectives is to provide quality care in a home environment. In fact, 89% of the agencies rated this objective as one of their three most important objectives.

Two other objectives rated as relatively important were meeting community needs (53%) and caring for those requiring financial assistance (43%), although there was some differentiation between agency types. Specifically, non-profit (54%) and commercial (78%) agencies rated meeting community needs as an important objective, whereas municipal agencies (40%) tended to rate this objective slightly lower. On the other hand, municipal (80%) agencies rated providing family day care to those requiring financial assistance an important objective, a finding that one would expect given that almost all children enrolled in municipal agencies are subsidized. A small percentage of non-profit (32%) agencies and commercial (11%) agencies endorsed this objective.

The objectives of increasing day care options for parents and providing family day care for a particular age group received moderate endorsement, with slightly stronger support for both objectives by non-profit and commercial agencies than municipal agencies. Providing family day care in a convenient location and with flexible hours were not highly rated by any of the agency types.

Finally, the agencies did not consider providing family day care for children with special needs to be an important objective - only two of the 70 agencies rated this as one of their objectives (and in both cases, it was rated as third in importance).

In 1981, agencies were asked to assign priorities (high, medium or low) to various objectives of PHDC. A comparison of those objectives which were assigned high priority with those mentioned as an important goal in 1988, indicates that providing care in a home environment has remained an important objective. This objective was accorded high priority in 1981 by 81% of the agencies and, in 1988, 88% found it to be an important goal. Providing care to those requiring financial assistance and children with special needs have both declined in importance since 1981. These goals were mentioned by 43% and 3% respectively in 1988 and were assigned high priority by 61% and 10% in 1981. Providing care during extended and shift hours have maintained a rather low importance between the two time periods, being mentioned by approximately 20% of the agencies at both times.

Table 3.29 **Percentage of Agencies Rating a Goal as one of Three Most Important Objectives by Agency Type**

	Type of Agency			
Goals	Municipal	Non-profit	Commercial	Total
	%	%	%	%
Care In Home Environment	85	88	100	89
Meet Community Needs	40	54	78	53
Care For Those Requiring Financial Assistance	80	32	11	43
Options For Parents	20	34	56	33
Care For a Particular Age Group	20	29	22	26
Care In a Convenient Location	30	22	11	23
Care With Flexible Hours	25	19	11	20
Care For Children With Special Needs	5	2	0	3
Number Of Agencies Responding	20	41	9	

3.12. Concerns about Current Situation

Agencies are generally concerned about whether they will be given the resources that they need to provide family day care. They appear to have few doubts that if they can offer their services as a private home day care agency, they will be able to attract families wanting family day care. The three major issues that appear to concern agencies most are financial worries (61%), concerns about being able to recruit an adequate number of providers (40%) and a concern that providers may unionize (19%) (see Table 3.30). The concerns with unionization are that this would lead to higher costs for agencies by increasing provider payments, and it might become more difficult to close unsuitable homes. Some agencies, however, felt that unionization would lead to more participation by providers in setting regulations as well as rates, which would reduce the turnover of providers and thus support the provision of good child care. Their current financial concerns include a general desire for more funding (17%), a perceived need to increase funding for providers (16%), and a need for higher rates of subsidization (13%).

Table 3.30 **Concerns of Agencies about Private Home Day Care Program**

Financial (61%)*	
General/Resources	(17%)
Increased funds for providers	(16%)
Higher rates of subsidization	(13%)
Provider recruitment (40%)	
Unionization (19%)	

* Percentages are based on a total of 70 responses.

Questions were asked regarding the agencies' desire to expand their family day care services and the factors which would tend to inhibit any expansion. The factors identified by agencies as inhibiting expansion were similar to those just described (see Table 3.31). Agencies indicate that the difficulty of recruiting providers (90% rated this factor as important), lack of funding (80%), and payments to providers (71%) are the major obstacles to expansion. Other considerations that are related to the factors just described are the lack of subsidized spaces (62%) and the high cost to full fee-paying parents (57%). Lack of demand (31%) and competition from other agencies - PHDC agencies (21%), centre-based care (31%) - are not important factors, although competition from informal care (58%) was identified as a more important factor than competition from either other PHDC or centre-based agencies. In addition, agencies generally indicated that the regulations within which they must operate (ministry, zoning by-laws, health and fire) did not play an important role in inhibiting expansion.

Agencies were asked to state their opinions of the advantages and weaknesses of private home day care compared to centre-based and informal care. Table 3.32, which presents these opinions, suggests that the advantage of informal child care over licenced private home day care is that it costs parents less money than regulated child care, an important consideration for many of the families in PHDC whose family incomes are substantially below average. Examining Table 3.32, it can be seen that there is a good deal of consistency among agencies about the advantages of PHDC. Compared to centre-based care, PHDC is perceived as providing a warmer, less institutionalized home environment with more flexibility in hours and programming, a more convenient location, and smaller groups of children.

The weaknesses of PHDC compared to centre-based care are that there is less formal training, less supervision of providers and less programming. Interestingly, two of these factors - training and supervision of providers which are seen as weaknesses of the PHDC program compared to centre-based care - are seen as strengths of PHDC compared to informal care. The other two advantages are the support of providers and resources from an agency.

Table 3.31 **Importance of Factors Which May Act to Inhibit Expansion of Day Care Service**

Factor	Degree of Importance		
	Not At All/ Little	Moderate/ Very	Number of Responses
	%	%	
Difficulty Recruiting Providers	10	90	69
Lack Of Funding	20	80	69
Payments To Providers	29	71	68
Lack Of Subsidized Spaces	38	62	68
Competition From Informal Care	42	58	69
High Cost To Full Fee-paying Parents	43	57	69
Lack Of Staff	56	44	66
Ministry Regulation	63	37	68
Lack Of Demand	69	31	68
Competition From Centre-based Care	69	31	68
Competition From Other Agencies	79	21	68
Difficulty With Zoning By-laws	90	10	68
Local Health Requirements	99	1	68
Local Fire Requirements	97	3	68

In comparison with 1981, agencies' opinions of the advantages and weaknesses of PHDC compared with centre-based care have remained fairly constant. The three major advantages cited in 1981 were then, as now, the home environment (77%), flexible hours (62%) and a convenient location (49%). The main weakness was also perceived in 1981 to be less training for providers. In addition, isolation of providers, low pay and low stability of care were also seen to be weaknesses compared to centre-based care.

Compared to informal care, agencies perceived more advantages for parents in 1981; these were cited as support services for parents, the availability of subsidies and child tax credits. In terms of weaknesses, agencies mentioned the ministry standards, and the fact that parents have less flexibility and control.

Table 3.32 **Advantages and Weaknesses of Private Home Day Care Compared with Centre-based and Informal Care**

Centre-based Care

Advantages of PHDC		Weaknesses of PHDC	
o Home environment	(70)*	o Less formal training	(43)
o Flexible hours	(53)	o Less programming	(29)
o Location	(49)	o Less supervision	(26)
o Flexible programming	(41)		
o Small groups	(36)		

Informal Care

Advantages of PHDC		Weaknesses of PHDC	
o Supervision of provider	(70)	o Less pay for provider	(21)
o Support of provider	(53)	o Higher cost to parent	(16)
o Provider trained	(51)		
o Resources from agency	(30)		

* Numbers in brackets represent the percentage of a total of 70 possible responses.

3.13. Future of Private Home Day Care Services

Table 3.33, which presents future directions that agencies would like the Ministry of Community and Social Services to take in the PHDC program, indicates once again that financial initiatives (53%) are rated as most important, with a review of the Regulation (14%) and an increase of public awareness or education (13%) rated as less important.

Table 3.33 **Future Directions Agencies Want Ministry of Community and Social Services to Take in Private Home Day Care**

Financial (53%)*	
Increased funding	(17%)
Increased funds for providers	(14%)
Increased funds for agencies/staff	(13%)
Increased funds for equipment	(9%)
Review Regulation (14%)	
Increase public awareness/education (13%)	

* Percentages based on 70 responses.

Table 3.34 outlines the children to whom the PHDC agencies would like to expand, or increase, their current services. In terms of age-groupings (infants, toddlers, pre-school, kindergarten and school-age), the PHDC agencies are quite willing to expand their services for all groups, although to a lesser extent for school-age children. There is no indication that the agencies have a strong bias towards one age-grouping. Similarly, not much preference is demonstrated between serving subsidized versus full fee-paying families. However, there is somewhat less interest in expanding services to children with handicapping conditions (56%), other special needs (63%), and in rural areas (63%). Interestingly, the agencies do wish to expand their service to families needing extended hours (81%) or needing shift work hours (81%), a desire which agencies may find quite difficult to implement. Providers indicate in their questionnaire (see section 4.5.2) that for the most part they are very reluctant to take children requiring extended or shift hours of care because it would disrupt the time that they spend with their families.

Table 3.34 **Degree to Which Agencies Would Like to Expand Family Day Care Service**

	Not At All/ Little	Moderate/ Very	Number of Responses
	%	%	
Infants	2	98	66
Toddlers	5	95	67
Pre-school	8	92	65
Kindergarten	9	91	64
School-Age	14	86	64
Subsidized Families	13	87	68
Full Fee-Paying Families	21	79	68
Handicapped Children	44	56	68
Children with other Special Needs	37	63	67
Ethnic Groups	29	71	62
Families Needing Extended Hours	19	81	67
Families Needing Shift Hours	19	81	67
Urban Children	22	78	65
Rural Children	37	63	63

3.14. Financial Issues

One objective of the review was to provide a cost comparison between the types of PHDC agencies for such areas as rates charged to parents, rates paid to providers, operating costs and sources of funding. Unfortunately, not all of the agencies provided the financial information requested in the agency survey or in an additional survey concerned with Direct Operating Grants. Furthermore, the agencies providing financial information varied quite widely in their definitions of full or part-day care. Thus, certain assumptions had to be made in creating standard definitions for the various PHDC services. As a result of the incomplete response rate and the assumptions involved in the definitions of services, the subsequent data and discussion should be interpreted cautiously and taken as estimates of the PHDC agencies' finances.

3.14.1 Agency Rates

In the agency survey, the PHDC agencies were requested to send schedules of the rates they charged for their different services (and the rates they paid to providers). Of the 70 agencies responding to the overall survey, 45 provided information on their fee structures - a response rate of 64%. This broke down to (13/20) municipal, (25/41) non-profit, and (7/9) commercial agencies.

The first analysis was addressed to the full-day rates agencies charged to parents. There was, however, no uniform agreement between agencies as to what constituted full-day care. Typically, agencies reported a full-day as a range of time, e.g., six to 10 hours but differed in the range employed, varying from a low of five to 10 hours to a high of nine to 12 hours. Other agencies reported an hourly rate or, in a few instances, left it undefined. Furthermore, some agencies charged different rates as a function of the age of the child and/or the training of the provider. (The same problems were involved in part-day care.)

In the present report, full-day care is defined as nine hours since all but one agency providing a definition of full-day care employed a range that included nine hours. And the one agency that did not specify a time range which included nine hours provided care for up to eight and a half hours (i.e., six to eight and a half hours). Agencies which provided hourly rates were simply converted to a nine-hour day by multiplying the hourly rate by nine. Five agencies did not define what constituted a full-day. However, for the purposes of analyses, it is assumed that they provided nine hours of care. For agencies which charged different rates either on the basis of the child's age or the training of the provider, an average rate was calculated.

Using the same principles, part-day care was defined as five hours. (This definition included all the time ranges of agencies which provided a definition.) An extra concern in defining part-day was that some agencies made a distinction between part-day with or without lunch. When this occurred, part-day with lunch was the rate used in the analyses. Table 3.35 provides the range (low to high), average and median daily rates for full- and part-time care by type of agency. Commercial agencies have the highest rates for both categories of care followed by non-profit and municipal agencies. However, the rates for the municipal agencies may be an underestimate as six of the 13 municipal agencies only reported the rates they paid to providers and did not identify an agency fee. That is, the costs of program support and administration for these municipal agencies are not reflected in the rates. (The average agency fee of the seven municipal agencies reporting such a fee is $2.04 which, if added to the average municipal cost of $14.43 for full-day care, would still make it the least expensive of the three agency types.)

Table 3.35 **PHDC Daily Rates to Parents by Agency Type (Range/Average/Median)**

		Municipal (N=13)	Non-profit (N=25)	Commercial (N=7)
Full-Day	(Range)	11.25-16.75	15.00-22.50	15.00-24.00
	(Average)	14.34	18.27	21.00
	(Median)	14.75	18.00	21.00
Part-Day	(Range)	6.25-11.75	7.02-18.67	9.75-17.25
	(Average)	8.78	12.40	14.36
	(Median)	8.89	12.50	14.50

It is interesting to compare the daily rates of the current survey to the rates reported in the 1981 survey. This comparison is presented in Table 3.36. Using the median (which was the statistic reported in the 1981 survey), it can be seen that full-day rates increased $9.00 in commercial agencies, $4.75 - $6.79 (depending on whether $2.04 is added to the median cost) in municipal agencies, and $4.05 in non-profit agencies. Rates for part-day care, surprisingly, have gone down in non-profit agencies by $1.25 while increasing between $1.37 - $3.43 in municipal and $5.75 in commercial agencies. It is difficult to interpret the apparent decrease in the non-profit part-day rates. The part-day rates from the current survey is consistent with the full-day rates. That is, the part-day rates for the non-profit agencies fall between the rates of the municipal and commercial agencies. It is necessary to question the calculation of the part-day rates in the 1981 survey. Specifically, according to the data of the 1981 survey, the increase in cost from part-day to full-day was only $0.20 - which seems very unlikely. Thus, it would be prudent to be very cautious in comparing the part-day rates for non-profit agencies between the 1981 and 1988 surveys.

Table 3.36 Comparison of Daily Rates for 1981 Survey and Present Survey (Range/Median)

1981 Survey		Municipal	Non-profit	Commercial
		(N=18)	(N=14)	(N=7)
Full-Day	(Range)	7.00-14.70	9.50-15.93	8.50-14.49
	(Median)	10.00	13.95	12.00
Part-Day*	(Range)	5.00-13.75	9.50-13.75	6.25- 8.75
	(Median)	7.50	13.75	8.75

Current Survey		Municipal	Non-profit	Commercial
		(N=13)	(N=25)	(N=7)
Full-Day	(Range)	11.25-16.75	15.00-22.50	15.00-24.00
	(Median)	14.75	18.00	21.00
Part-Day	(Range)	6.25-11.75	7.02-18.67	9.75-17.25
	(Median)	8.89	12.50	14.50

* The rates for part-day care in the 1981 survey were given for an hourly basis. For the present comparison the hourly rates were multiplied by 5 (our definition of part-day care).

The 1981 survey reported an increase in the rates for both full- and part-day care as the agency size increased. That is, the larger agencies had higher rates. Table 3.37 presents the agency rates for full-day care as a function of agency size (and agency type). The present data do not suggest that the size of an agency has an effect on the rates charged. In fact, contrary to the 1981 survey, the largest agencies (greater than 150 children) have as low or lower rates than any of the categories of smaller-sized agencies.

Table 3.37 PHDC Daily Rates to Parents by Agency Type and Size (Range/Average/Median)

		Number Of Children In Agency			
		1- 25	**26 - 75**	**75 - 150**	**GT 150**
		(N=3)	(N=3)	(N=2)	(N=5)
Municipal	(Range)	11.25-15.06	12.50-16.75	13.16-16.75	12.68-16.00
	(Average)	13.27	15.07	14.96	14.94
	(Median)	13.50	15.95	*	15.48
		(N=5)	(N=11)	(N=5)	(N=4)
Non-profit	(Range)	16.50-22.50	12.48-21.67	16.50-21.00	17.00-22.50
	(Average)	19.03	17.61	18.43	18.84
	(Median)	18.05	17.50	18.30	17.93
			(N=4)	(N=1)	(N=2)
Commercial	(Range)	**	20.00-28.00	21.00	14.00-21.00
	(Average)		23.25	21.00	17.50
	(Median)		22.50	*	*
		(N=8)	(N=18)	(N=8)	(N=11)
Total	(Range)	11.25-22.50	12.48-28.00	13.16-21.00	12.68-22.50
	(Average)	16.87	18.44	17.88	16.83
	(Median)	17.32	17.75	17.90	16.00

* The median cannot be calculated
** There are no commercial agencies with 25 or less children

3.14.2 Administrative Fee

In addition to payments to providers, the PHDC agencies have a number of other expenses such as staff salaries, office supplies and rental (if relevant), toys and equipment, etc. The main source of revenue to cover these expenses is administrative fees charged to parents. The private non-profit and commercial agencies are particularly dependent on administrative fees for their operating expenses. All of the commercial agencies and (23/25 of) the non-profit agencies reported charging an administrative fee to parents. The municipal agencies are not as dependent upon administrative fees for the operation of their programs as the municipality, in many cases, finances the PHDC program. Only seven of the 13 municipal agencies reported charging an administrative fee.

The administrative fee is the difference between the rates charged to parents and the rates paid to providers. As outlined in Table 3.38, the commercial agencies have, on average, the highest administrative fees ($4.83) while non-profit agencies charge about $1.00 less, averaging $3.78. The average administrative fee of $1.09 for the municipal agencies is somewhat misleading as six of the agencies did not report charging such a fee. The average administrative fee for only those agencies with such a charge is $2.04, which is still lower than the fees charged by non-profit and commercial agencies.

Table 3.38 **Administrative Fees by Agency Type (Full-Day Care)**

	Type of Agency		
	Municipal (N=13)	Non-profit (N=25)	Commercial (N=7)
(Range)	0.00-3.78	0.00-6.75	2.00-7.00
(Average)	1.09	3.78	4.83
(Median)	1.00	4.00	5.00

3.14.3 Provider Rates

The main expense to the agencies is the daily rates paid to providers. Table 3.39 presents the rates paid to providers by the different agencies for full- and part-day care.

For full-day care, providers are paid more with commercial agencies ($17.97 on the average for a nine-hour day) than with non-profit ($14.53 on average for a nine-hour day) or municipal ($13.33 on average for a nine-hour day) agencies. The higher rate of pay with commercial agencies, followed by non-profit and municipal agencies, is consistent with the daily rates charged to parents (see earlier discussion).

Table 3.39 **PHDC Rates Paid to Providers by Agency Type (Range/Average/Median)**

		Municipal (N=13)	Non-profit (N=25)	Commercial (N=7)
Full-Day	(Range)	11.25-16.00	12.00-20.00	11.50-18.00
	(Average)	13.33	14.53	17.97
	(Median)	13.16	14.00	16.00
Part-Day	(Range)	6.25- 9.25	5.45-14.50	6.95-13.25*
	(Average)	7.83	9.37	9.95
	(Median)	7.76	9.00	9.00

* Part-day rates for commercial agencies are based on N=6

The rates paid to providers for part-day care varies somewhat from the pricing policy to parents. Commercial ($9.95) and non-profit ($9.37) agencies pay providers similar amounts for part-day care even though commercial agencies charge parents on the average $2.00 more per part-day than do non-profit agencies. Municipal agencies pay providers the least for part-day care ($7.83) and charge parents the least.

3.14.4 Other Rates to Parents

Some agencies have rate categories which are related to the age of the child or to a child's special needs. The most frequently reported categories included:

Infants	(10)
School-Age	(16)
Special needs	(6)

The rates reported for infant and special needs categories were full-day rates that were consistent with the previous definition of nine hours. The rates for school-age children, however, were reported in a variety of formats and/or time ranges. Thus, for the purposes of presentation, the rates for school-age children are split into two groups - those offering five or less hours of care and those offering five or more hours of care.

The rates for infants, special needs children, and school-age children are presented in Table 3.40. As is apparent from Table 3.40, there were not enough agencies to display these rates by agency type or agency size. (It might be noted, however, that non-profit agencies more frequently had special rate categories.)

Table 3.40 **Special Rates to Parents for PHDC (Range/Average/Median)**

	Infants	Special Needs	School-Age < 5 Hours	School-Age > 5 Hours
	(N=10)	(N=6)	(N=10)	(N=6)
(Range)	14.00-25.00	16.00-19.50	5.00-20.00	9.00-15.00
(Average)	20.65	18.77	9.48	12.92
(Median)	22.00	18.80	8.75	13.25

In the 32 agencies providing information on special rates, the charge to parents was higher for infants than any other group (see also Table 3.35). Similarly, comparing rates for school-age children to the part-day rates of Table 3.35, it appears that agencies charge less for school-age children. Children with special needs incur higher daily rates than the average daily costs presented in Table 3.35 (with the exception that, in commercial agencies, special needs children had a lower average daily cost than the standard daily rate charged for them).

3.14.5 Enrollment-Based Funding

Enrollment-based funding was introduced to the PHDC programs in January, 1987. Enrollment-based funding is a method of payment based upon a per diem cost for every day a subsidized child is enrolled in the program. The previous method of payment - attendance-based - provided payment only for the days a child attended the program. That is, under attendance-based payments, no payments were required for a child's absence due to sick days or holidays. The intent of the switch to enrollment-based funding was to stabilize providers' incomes. Twenty-eight agencies indicated that they were in receipt of ministry funds to implement this approach.

During the year, between the initiation of enrollment-based funding by MCSS for the PHDC program and the present survey, the majority of agencies had either completely (49) or partially (7) adopted the enrollment-based funding formula for subsidized children. Eleven agencies reported that it was "not applicable" to them (i.e., they had no subsidized children) and only two agencies reported not using the enrollment-based funding formula.

With respect to unsubsidized children, 30 agencies had completely introduced enrollment-based funding and a further nine were partially using it. Nine agencies had not implemented it for unsubsidized children and 21 reported it was "not applicable".

The enrollment-based funding process has been widely implemented for subsidized children. And there is some evidence that, while to a lesser extent, some agencies have adopted the procedure for unsubsidized children.

The few agencies (14) that commented upon the enrollment-based funding identified both positive and negative aspects of this method of funding. Nine of the agencies reported, consistent with the original intent of the funding process, that it resulted in a fairer and more equitable method of payment for providers. Agencies' expressed concerns were that it was time-consuming and/or difficult (4) and that it was unfair to unsubsidized parents (3). It is not clear whether the lack of response from the majority of agencies (56) can be taken as an endorsement of enrollment-based funding or not.

CHAPTER 4

RESULTS OF PROVIDER SURVEY

Highlights of Provider Survey

A random sample of 305 providers (from the list of 4,371 active and inactive providers in the PHDC program) were identified and sent questionnaires. One hundred and seventy-two (172) usable questionnaires were returned, for a response rate of 58%. The representativeness of the sample of the providers filling out and returning the questionnaire was analyzed and compared with the provider profiles derived from agency data. The conclusion from these analyses is that the sample of providers is generally representative of the population of providers. Hence, results from the sample of providers responding can be generalized to the population of providers.

Providers responding to this survey typically were 30-34 years of age, had a below average family income of under $30,000 and lived in urban communities.

Providers tend to remain with an agency for relatively short periods of time, typically for less than two years, although a small percentage of providers remain with an agency for relatively long periods of time. Providers indicated that other providers leave the PHDC program for financial reasons, because of burnout, and for personal reasons.

The providers generally considered themselves to be independent contractors, although a surprisingly high percentage (38%) considered themselves to be employees. The result contrasts with the perceptions of people within the agency who generally did not regard providers as employees of the agency.

The majority of children in the providers' care are placed by the agency, although a significant number of children are privately-placed. Privately-placed children are generally younger (infants or toddlers) than agency-placed children. On average, providers look after 2.9 agency-placed children. However, when privately-placed children are included with agency-placed children, the average number of children cared for increases to 3.3, and when providers' children six years old or younger are included, the average number of children looked after increases to 4.1, which is reasonably close to the maximum of five children providers are allowed.

About 90% of the children are cared for by providers for over six hours per day. A given provider tends to look after children of different ages, which may make it quite difficult to plan interesting and engaging activities for the entire group.

Providers have clear preferences for the groups of children they want to care for. Providers are most willing to care for pre-schoolers, followed by toddlers, infants, and then school-aged children. With the exception of children requiring emergency care, providers are generally more unwilling to look after children with particular needs (children with handicapping conditions, those needing extended or shift hours of care, and sick child care) than any of the age groups just described.

When asked what relevant experience or training they possessed, a number of providers indicated that they believed that motherhood itself represented the best experience possible. In terms of qualifications, about 10% had a degree or diploma with 4% having a degree or diploma in Early Childhood Education. A number of respondents had completed day courses, and had attended workshops, and conferences. Most of these professional development activities took place after the PHDC agency placed children in their care.

Most providers indicated that agencies provide resources or services such as toy or equipment loans, back-up care, and workshops. However, there was wide variation in the frequency of use of these resources, in part because the providers who did not use the service felt that it was not required.

Providers (and perhaps home visitors as well) do not tend to distinguish between home visits and formal inspections. Many providers commented that activities were very similar for both occasions. According to the providers, they typically meet home visitors about 12 times a year or about once a month, with three to five of these meetings being formal inspections and the remainder being visits. During visits, home visitors tend to spend a great deal of their time engaged in activities such as making crafts or playing games with the children, discussing the children's development and concerns of providers, and doing paperwork.

Discussions between providers and parents typically focus on such aspects of the children as their behaviour, health, development, and interaction with other children. While very few difficulties were considered to arise between parents and providers, the most frequent problems were children being picked up late by their parents and unreliable attendance of the children.

Providers expressed little disagreement with the current Regulation. Most providers agreed with the section of the Regulation governing home capacity and for those who disagreed with this section, the main concern was not that the maximum number of children be increased above five but that more flexibility in establishing age ratios within the maximum be allowed. No strong consensus was detected in terms of the sections of the Regulation that had the most positive impact on the quality of child care, although sections that were concerned with child safety and, to a lesser extent, home capacity and age ratios were most frequently identified. Very few providers reported having difficulties complying with the Regulation.

Overall, providers appear to be satisfied with their work including their relationship with the children, home visitor, agency and parents. Nevertheless, by far the greatest concerns of providers were the low payments that they received and relatedly their lack of benefits such as holiday pay and unemployment insurance.

4.1. Sample of Providers

A total of 305 provider questionnaires were sent out. Of these, six were returned for reasons such as an incorrect address or the provider had moved. A total of 172 usable questionnaires were returned for a response rate of 58%, which is a reasonably good return rate using a mail out survey technique. However, a more important question is whether the sample of providers is representative of the population of providers.

4.2. Representativeness of Provider Sample

This question was answered by comparing a variety of attributes of the sample of providers responding to the provider questionnaire to the attributes of the population of providers as described in the agency questionnaire. The general conclusion is that, in terms of the comparisons made, the sample of providers is representative of the population of providers. Hence, results that are based on the sample of providers can be assumed to be similar to results that would have been obtained had all providers answered the questionnaire.

Table 4.1 **Percentage of Providers by Type of Agency in the Provider and Agency Questionnaires**

	Agency Type			
Type of Questionnaire	Municipal	Non-profit	Commercial	Number of Responses
	%	%	%	
Provider	44	47	9	172
Agency	49	43	8	3823

Looking first at Table 4.1, the percentage of providers by agency type in the provider sample is similar to results from the agency questionnaire, though there are slightly fewer providers from municipal (5%) agencies and slightly more providers (4%) from nonprofit agencies answering the provider questionnaire.

Table 4.2 compares the distribution of all providers by region to the provider respondents. There is a similar distribution in the two questionnaires with provider respondents somewhat over-represented in the north (9% vs 4%) and southwest (31% vs 25%) and somewhat under-represented in the central (34% vs 41%) and southeast (26% vs 30%). This slight bias results, in part, from the intentional over-sampling of providers in the north region reported in section 2.4.

Table 4.3 compares the age distribution of children cared for by providers who received the provider questionnaire to results from the agency questionnaire. Results indicate that there is a remarkable similarity between the two sets of data with the agreement being within 2% for most ages of children. The only exceptions are that providers caring for pre-schoolers are somewhat over-represented in the provider questionnaire (36% vs 29%) and providers caring for kindergarten-aged children are somewhat under-represented (9% vs 13%).

Table 4.2 **Percentage of Providers by Region in the Provider and Agency Questionnaires**

Type of Questionnaire	Region North	 Central	 Southeast	 Southwest	Number of Responses
	%	%	%	%	
Provider	9	34	26	31	172
Agency	4	41	30	25	3823

Table 4.3 **Percentage of Children of Different Ages in the Provider and Agency Questionnaires**

Age of Child	Type of Questionnaire Agency	 Provider
	%	%
Infant	18	17
Toddler	15	17
Pre-School	29	36
Kindergarten	13	9
6 - 10 Years	22	20
Over 10 Years	3	1
	100*	100**

* Based on a total of 9,537 children.
** Based on a total of 497 children.

4.3. Characteristics of Providers

All the providers in the sample were female and most (86%) were married. Table 4.4 shows that the majority of providers (80%) are between the ages of 25 and 44 with the most frequent age-range being 30-34 (29%). Only 1% of providers are less than 25 while 18% are 45 or older.

Table 4.4 **Ages of Providers**

Age Range	Percentage of Providers*
Less than 25	1
25 - 29	18
30 - 34	29
35 - 39	16
40 - 44	17
45 - 49	7
50 - 54	6
55 - 60	2
Over 60	3

* Based on 172 responses

Table 4.5 presents providers' total family income for 1987. The most frequent income range was $30,000-$39,999 (22%). However, for over half the providers (54%) the family income was less than $30,000 and for 34% it was less than $20,000, while 24% of providers had a family income of over $40,000. The average weekly earnings for providers was $196.11 and the maximum reported weekly earnings was $450.00.

Table 4.5 **Total Family Income of Providers**

Income Range	Percentage of Providers*
Less than $10,000	12
$10,000 - $14,999	14
$15,000 - $19,999	8
$20,000 - $24,999	10
$25,000 - $29,999	10
$30,000 - $39,999	22
$40,000 - $49,999	19
$50,000 - $60,000	4
Over $60,000	1

* Based on 159 responses

4.4. Turnover of Providers

Table 4.6 displays the length of time providers have been with the current agency. These results show that providers have been with an agency for relatively short periods of time, a result which is consistent with the high turnover rates and rapid expansion reported in the agency questionnaire. Thirty percent of the providers have been with the agency for less than a year and 61% of the providers have been with the agency for two years or less. At the same time, results show that a small percentage of the providers have worked with an agency for some time. Eighteen percent of the providers have been with the agency for at least four years.

Table 4.6 **Length of Time Providers Have Been with Current Agency**

Length of Time	Number of Providers	Percentage
Under 1 Year	51	30
1 - 2 Years	53	31
Over 2 - 3 Years	17	10
Over 3 - 4 Years	19	11
Over 4 - 5 Years	11	6
Over 5 Years	21	12
Total	172	100*

Providers were asked to indicate why they believed other providers left the PHDC program. The results in Table 4.7 show that there were four primary reasons: two financial reasons - lack of benefits (70%) and inadequate payment (65%); burnout (71%); and personal reasons (64%). Of less importance are a variety of other reasons which include the length of the working day (48%), a poor relationship with parents (45%), and isolation (44%).

The importance assigned by providers to the various factors for why a provider might leave a PHDC program is, seemingly, somewhat different than the reasons given by the agency for provider attrition (see section 3.8.2). While the providers place considerable importance on financial and personal factors, the agencies were more likely to indicate that providers leave to pursue studies or other types of employment (which could be personal reasons) or that the providers leave the area. According to the agencies, financial concerns ranked somewhat lower as a reason for a provider leaving a PHDC program. It is important, however, to appreciate that the agencies and providers are basing their conclusions on different types of information. The agencies have available the reasons given to them by providers who have actually left the program, while the providers are more likely to be basing their judgements on inferences of their own behaviour - i.e., the reasons they think might lead them to leave the program. Both sources of information are totally legitimate and both contain their own reporting biases.

Table 4.7 **Importance of Reasons why Providers Leave PHDC**

	Degree Of Importance		
	Not at all/ Little	Moderate/ Very	Number of Responses
	%	%	
Burn Out	29	71	163
Lack of Benefits	30	70	164
Inadequate Payment	35	65	161
Personal Reasons	36	64	161
Length of Working Day	52	48	166
Poor Relationship With Parents	55	45	164
Isolation	56	44	163
Lack of Advancement	59	41	163
Low Status of Work	60	40	163
Poor Relationship With Agency	61	39	164
Lack of Recognition	62	38	164
Poor Relationship With Home Visitor	63	37	165
Cost of Insurance	64	36	163
Regulation	67	33	162

Most providers considered themselves to be independent contractors (53%), although a surprisingly high percentage (38%) considered themselves to be employees, while 9% described their relationship in other terms such as a supportive friendship. The agencies were more unanimous in reporting that providers were not employees of the agency. Whatever their perceived relationship, most providers (80%) were satisfied with their current arrangement with the agency.

4.5. Service Provision

Table 4.8 presents the number of children of different ages in the providers' care and whether they are placed by the agency, privately placed, or children of the provider. As this table shows, the majority of children in the providers' care are placed by the agency (497), although 77 children, about 15% of the agency total, are privately placed.

Comparison of the percentages of children placed by the agency and through private placement (the numbers in brackets in Table 4.8) suggests that a higher percentage of privately placed children are infants and toddlers and a lower percentage of privately placed children are school-aged when compared to the percentages of agency placed children.

Table 4.8 **Number of Children Placed by Agency, Privately Placed, or Children of Provider for Various Ages of Children**

	Origin of Placement			
Age of Child	Agency	Privately Placed	Children of Provider	Total Number of Children
Infant (Under 18 mths)	83 (17)*	20 (26)**	24	127
Toddler (18-30 mths)	83 (17)	17 (22)	24	124
Pre-School (31-60 mths)	181 (36)	30 (39)	59	270
Kindergarten (61-71 mths)	47 (9)	6 (8)	18	71
School-Age (72-120 mths)	99 (20)	3 (4)	81	183
Over 120 mths	4 (1)	1 (1)	132	137
Total	497 (100)	77 (100)	338	912

* Numbers in brackets in this column denote the percentage of agency placed children of that age.

** Numbers in brackets in this column denote the percentage of privately-placed children of that age.

From Table 4.8 it is possible to calculate the average number of children cared for by each provider. According to the Regulation, a provider is not allowed to care for more than five children. One of the puzzles of PHDC is to account for why providers tend to care for so many fewer children (typically providers care for 2.5-3.0 agency-placed children) than the regulated maximum of five children. This table suggests that an important reason for the difference between the number of children providers look after and the theoretical maximum has to do with the measures that have been used. Until now, measures of the average number of children looked after by providers have included only agency-placed children. Results from Table 4.8 indicate that the providers in the present sample look after an average of 2.9 agency-placed children. However, when privately-placed children are included with agency-placed children, the average number of children cared for increases to 3.3, and when providers' children six years old or younger are included, the average number of children looked after increases to 4.1. Thus, it appears that, on average, providers are closer to their maximum of five children than had been previously believed.

A comparison between the 1981 survey and the present survey indicates little change with respect to the average number of agency-placed children in providers' homes. In the 1981 sample of providers, the average number of agency-placed children per home was reported as 3.2 (versus 2.9 in the present survey), a relatively small difference. However, the 1981 survey reported that the average number of children per home, including agency-placed, privately-placed and providers' own children under 10 years of age, was 4.9 as compared to 4.5 in the present survey. (The average number of children per home in the present survey increases to 4.5 from 4.1 if the age range for including a provider's children is increased from 6 to 10 years.)

The decrease in terms of both agency-placed and total number of children between 1981 and 1988 is difficult to explain given the increase in enrollment during the same time period. However, it is quite possible that the 1981 sample, which was selected by the agencies rather than randomly sampled, may have included providers who were more experienced and more likely to have a higher number of children in their homes. This is seen in the substantially lower average obtained from agency information in 1981 when it was reported that 2,152 providers cared for 4,962 children (2.3), whereas, in 1988, an overall average number of 2.7 children per active provider, calculated on the basis of 3,823 providers caring for 10,274 children, is very similar to the average in the sample. Thus, when the average is calculated on the basis of information provided by the agencies, it can be seen that the average number of children in a family day care home has increased slightly in 1988 from 1981. In addition, while the present survey has included those providers who are currently inactive in the calculation of the average ratio, it is not known whether this was the case in the 1981 survey. The differences in sampling procedures between the 1981 and present surveys introduces a necessary qualification for all comparisons on the providers between the two surveys.

With respect to care of their own children, 48% of the providers had children who were 6 years of age and under, and a further 15% had children between the ages of (over) six and 10 years. The majority of the providers (63%), then, had children 10 years of age or younger. The 1981 survey did not report results on the percentage of providers' own children that are directly comparable to the present findings.

4.5.1 Hours of Care

Table 4.9 indicates that overall, 78% of the children are cared for by providers for over eight hours per day with only 10% receiving fewer than six hours of care per day and 12% receiving six to eight hours. Looking at the table in more detail, it is apparent that younger children (infants, toddlers, and pre-schoolers) generally spend more hours per day in PHDC than children in kindergarten or attending school. Both of these results replicate findings previously reported in the agency questionnaire. The number of school-age children spending more than eight hours in care is surprising. However, providers were asked to indicate the time at which children arrived at the day care home and the time at which they were picked up by their parents. In some cases, the hours during which the children were attending school were not identified. Thus, the reported numbers of school-age children in care for over eight hours may be an overestimate of the actual numbers. Providers also indicated that 86% of the children attend PHDC five days per week, 13% attend fewer than five days per week, and only 1% attend more than five days per week. In summary, children typically attend PHDC five days per week for more than eight hours per day.

Table 4.9 **Number of Hours of Care by Age Group**

Age of Child	6 Hrs or Less	6-8 Hrs	Over 8 Hrs	Number of Children
	%	%	%	
Infants	6	14	80	83
Toddlers	0	19	81	82
Pre-School	7	13	80	179
Kindergarten	24	2	74	41
School-Age (Less than 10)	22	6	72	83
Over 10 Years	0	0	100	4
Total	10	12	78	472

4.5.2 Age Groups of Children in Care of Provider

Table 4.10 presents the number of different age groups in a family day care home in which two or more children are receiving day care. From this table, it can be seen that the majority of providers care for a heterogeneous group of children of different ages and presumably at different levels of physical, emotional, intellectual, and social development. These differences may make it quite difficult to plan interesting and engaging activities for all the children being cared for by the provider. Of the 144 providers who care for more than one agency-placed child, 24 have five children in their care. None of these 24 providers care for children who are all of the same age or are of two different ages. Six providers (25%) care for three different age groups; 13 providers (54%) care for four age groups and five providers (21%) care for five different aged children. Similar heterogeneity in the age of the children is observed when groups of four, three, and two children are cared for. It is interesting to note that even when providers have two children in care, in 78% of these cases the children are of different ages. Of course, the disparity in age between the groups may not be large for all groups, since the calculations were made on the basis of yearly intervals such that a child of 23 months would be included in one age group while a child of 25 months would be counted in another. Nonetheless, the striking result of this analysis is the heterogeneity of children in the care of the providers.

From other data presented in this report, it has been shown that a number of providers prefer to look after children who are close in age due to the difficulty of providing appropriate activities for children of widely disparate ages (see section 4.11.). Thus, the question arising is why there are such wide disparities in age if providers prefer to have children close in age. One contributing factor is the ministry Regulation. The section of the Regulation governing age ratios would preclude providers from caring for five children who are toddlers or infants. If a provider cared for an infant under one year and a toddler under two years, she could then only accept one child between the ages of two and three years. A second factor may be the desire of parents to place all their children with the same provider. Thus, a provider may care for two or more siblings of different ages.

Table 4.10 **Number of Providers with Different Age Groups in Care**

Number of Children in Care	Number of Different Age Groups in a Provider's Home 1	2	3	4	5	Total
5 Children	0	0	6	13	5	24
4 Children	0	3	16	16	-	35
3 Children	0	11	23	-	-	34
2 Children	11	40	-	-	-	51
Total	11	54	45	29	5	144

Tables 4.11 and 4.12 describe the percentage of providers who have a variety of difficulties providing services to children of different ages and with different needs. In addition, the percentage of providers who are unwilling to care for each group is shown at the bottom of each table.

Looking first at the bottom of each table, it can be seen that, consistent with the agency questionnaire, providers have clear preferences for the kinds of children they want to care for. Providers are most willing to care for pre-schoolers, followed by toddlers, infants and then school-aged children. Examining the bottom row of Table 4.12 one finds that, with the exception of children requiring emergency care, more providers are unwilling to look after children with special needs than children in any of the age groups without special needs described by Table 4.11.

There appear to be some minor changes in the providers' preferences for children in particular age groups from the 1981 survey. In 1981, as now, pre-schoolers were the most preferred. However, the ranking of toddlers and infants has reversed; that is, in 1981 infants were preferred more than toddlers. In both surveys, school-age children were least preferred among the groups of children of different ages.

Looking at the difficulties of providing care for children of different ages in Table 4.11, it is apparent that most providers believe that infants are somewhat more difficult to look after than toddlers, pre-schoolers, and school-aged children for a variety of reasons such as that they restrict excursions (37%), require too much work (15%), and reduce time with the family (12%), though, of course, we know from the enrollment data that providers are prepared to look after the infants.

Table 4.11 Percentage of Providers who have Difficulties Providing Care to Children of Each Age Group

Possible Difficulty	Infants	Toddlers	Pre-School	School-Age	Number of Responses
	%	%	%	%	
Inadequate Financial Incentives	26	19	15	20	157
Inadequate Training	2	2	1	4	156
Responsibility Too Great	17	6	1	8	157
Restricts Excursions	37	13	4	6	157
Too Much Work	19	9	1	3	155
Reduces Time With Own Family	17	9	6	7	161
Lack Of Sleeping Accommodation	12	8	3	4	161
Agency Unable To Provided Support Services	2	2	2	4	158
Other	7	3	1	3	168
Percentage Of Providers Unwilling To Care For Each Age Group	21 (170)*	14 (168)	5 (169)	28 (166)	

* Numbers in brackets indicate the number of providers responding

As we previously indicated, most providers (78%) appear to be quite willing to provide emergency care for children who need to be cared for on an intermittent, unpredictable basis. A somewhat lower, but significant number of providers (54%) indicated that they would consider looking after children with handicapping conditions, although they were concerned that the training was inadequate (61%), responsibility was too great (51%), and that generally it would take too much work (36%) for which they would receive inadequate financial compensation (34%). Thus, one can speculate that providers might be prepared to look after children with handicapping conditions if they were given enough training to feel confident about looking after the children, appropriate ongoing support, and a level of financial compensation that would enable them to look after a smaller number of children. However, the difficulty with this suggestion is that it may cost a considerable amount of money to train providers to look after children with handicapping conditions, which would be difficult to justify in light of the high turnover rates of providers.

In addition, the data make it quite clear that only a small percentage of providers are prepared to look after extended or shift hours of care, primarily because it reduces the amount of time they can spend with their own family. Finally, most providers do not want to provide sick child care presumably because of concerns that the other children in the home, including their own, may be exposed to the illness and become ill themselves.

Table 4.12 **Percentage of Providers who have Difficulties Providing Care to Children with Specific Special Needs**

Possible Difficulty	H	EH	SH	SCC	EC	Number of Responses
	%	%	%	%	%	
Inadequate Financial Incentives	34	36	32	22	24	139
Inadequate Training	61	5	4	19	13	143
Responsibility Too Great	51	8	12	32	16	142
Restricts Excursions	48	17	23	38	17	138
Too Much Work	36	22	14	29	11	139
Reduces Time With Own Family	30	50	41	28	14	145
Lack Of Sleeping Accommodation	15	14	22	14	11	138
Agency Unable To Provide Support Services	11	7	7	9	6	127
Other		3	3	5	2	171
Percentage Of Providers Unwilling To Provide Care to Each Group	46	64	76	66	22	
	(168)*	(169)	(169)	(170)	(167)	

* Numbers in brackets indicate the number of providers responding

H	Children with handicapping conditions
EH	Extended hours
SH	Shift hours
SCC	Sick child care
EC	Emergency care

4.6. Training and Experience of Providers

The majority of the providers (78%) indicated that the PHDC agency did not provide training before children were placed in their care, though most providers had attended a number of different professional development activities. The primary activities were workshops, attended by 77% of the providers at least once and by 49% of the providers more than three times. Thirty-two percent of the providers indicated that they had attended at least one conference, with a substantial percentage (16%) indicating that they had attended at least three conferences. Finally, 13% of the providers indicated they had attended at least one university or college course. Slightly over 50% of the providers indicated that the agency had assisted in the professional development activities by offering the activities, paying attendance fees, and so on.

Providers were asked to specify any qualifications or prior experience they possessed which they considered relevant to their occupation as a child caregiver. For the 109 (63%) of the providers responding to the question, a variety of qualifications or prior experience were offered. In terms of qualifications, the most frequent responses were completion of agency-run day care courses (8%), St. John's Ambulance or Red Cross courses (8%), and college-run day care courses (6%). (The percentages are calculated on the basis of the total sample of 172 providers.) A few of the providers (4%) had completed the ECE degree or diploma, while another 6% had either a B.A. degree or a nursing degree or diploma. Thus, only a small fraction of the providers had any formal qualifications.

The most frequently cited experience considered to be relevant to their role of provider was their previous experience of providing informal care (17%) which ranged from babysitting younger siblings to providing paid, informal care. Experience in a day care centre was cited by 9% of the providers, while 6% indicated that they had taught young children. A further 3% stated they had had experience with special needs children, which included teaching mentally handicapped children. Finally, 3% had previously worked with social service agencies (for example, as a field worker with the Children's Aid Society or as a foster parent), and 2% had performed child-related volunteer work.

4.7. Agency Resources and Services Available to Providers

Providers were asked to indicate which of a variety of resources or services their agencies provided. Results indicated that each of the following resources or services were provided by over 90% of the agencies: toy or equipment loan; group meetings; playgroups; back-up care; workshops; and newsletters. About 79% of the agencies provided playgroups.

In a follow-up question, providers having access to these resources or services were asked how frequently they used the service and which service(s) they had found to be most useful. The results, presented in Table 4.13, show that there was wide variation in the frequency of use of the various resources. A large percentage of providers report that they "sometimes" or "often" make use of newsletters (93%) and workshops (72%). Providers also report attending the group meetings (64%) relatively frequently but only about half of the providers make use of toy or equipment loans (53%). Back-up care (43%) and play groups (39%) are used by less than half of the providers.

Fifty-four percent (77/142) of those indicating they never used a service responded to a follow-up question and indicated that, at least for those providers, the service had simply not been required. This was true for all who stated that they did not use back-up care and for the majority of those not using toy or equipment loan. Lack of transportation was cited as a problem for many of the providers who did not attend play groups and, to a lesser extent, workshops and group meetings. A third important factor was a lack of time (or inconvenient timing) which was also a problem for many not attending group meetings, workshops and, to some extent, playgroups.

Looking again at Table 4.13, it can be seen that the services which were most frequently reported to be most useful were workshops (39%) and newsletters (32%), followed by toy or equipment loan (26%) and group meetings (24%). Surprisingly, only 15% found back-up care most useful and only 7% named playgroups. Comments made by the providers indicate that workshops and newsletters are valued because they impart information on events, activities and skills which are needed for the care of children. Group meetings were said to provide contact with other providers and thereby reduce feelings of isolation. Toy and equipment loans provided variety, and playgroups provided the opportunity for children to interact with others of the same age.

Table 4.13 **Percentage of Providers who use Resources offered by Agencies**

Resource	Never/ Rarely	Sometimes/ Often	Number of Responses	Most Useful Service*
	%	%		%
Newsletters	7	93	162	32
Workshops	28	72	157	39
Group Meetings	36	64	152	24
Toy/Equipment Loan	47	53	159	26
Bacck-Care	57	43	151	15
Play Groups	61	39	127	7

* Based on 135 responses.

4.8. Community Resources Available to Providers

In addition to agency resources, providers were asked which community resources they used. Table 4.14 shows that almost all providers (96%) use community parks, while half (50%) make use of local libraries and the activities they provide (e.g., storytime, crafts, etc.). Far fewer use swimming or wading pools (18%), community centres or arenas (15%) or playgrounds (12%). A small number of providers take the children to farms or zoos (9%) and art galleries or museums (7%). Beaches, drop-in centres or playgroups, fire and police stations and stores were each visited by 5% of the providers, while 3% take the children on bus rides or walking along nature trails. The provider, then, has a variety of resources, offered by the agencies and the community, available to her in providing child care services. These resources include informational services such as workshops, newsletters, and group meetings which afford new ideas for child development techniques, program and nutrition guidelines and the discussion of behaviour management techniques. Recreational resources are also available to most providers for use with the children in their care such as playgroups, community parks, playgrounds and the like.

The providers' use of the available resources appears to be quite varied in terms of frequency of usage. While newsletters, community parks, and, to a lesser extent, workshops are regularly used by providers, the other available resources (e.g., toy or equipment lending, playgroups, other community resources) are used by lesser numbers of providers. In part, as pointed out earlier, the lower usage of these resources is due to their difficulty of access (i.e., transportation problems and/or inconvenient timing due to child care demands). In some cases, the resource is just not required (e.g., toy or equipment loans) or is infrequently required (back-up care).

Table 4.14 **Community Resources Used by Providers while Providing Care**

Resource	Percentage of Providers*
Park	96
Library	50
Swimming/Wading Pool	18
Community Centres/Arenas	15
Playground	12
Farm/Zoo	9
Art Gallery/Museum	7
Beach/Lake	5
Drop in Centre/Playgroup	5
Fire/Police Station/Hospital/Humane Society	5
Stores/Market	5
Bike Path/Nature Trail	3
Bus Rides	3
Other	3

* Based on 151 responses

The major change from the 1981 survey in terms of resources for providers is that more agencies are now providing resources than in 1981. Specifically, in 1981 back-up care, playgroups, and toy or equipment loans were available in 50%-60% of the agencies whereas 79%-90% of the agencies in 1988 make these services available. (Group meetings were equally available through the agencies between 1981 and 1988.) The data from the 1981 and 1988 surveys are not directly comparable in terms of usage rates by providers, except for the negative response category "never use". Based on this limited basis for comparison, back-up care is used more today (i.e., 32% have "never used" this service in 1988 versus 46% in 1981), whereas the use of toy or equipment loans has declined (i.e., 33% "never use" this resource in 1988 versus 3% in 1981). Playgroups and group meetings are used to approximately the same extent between 1981 and 1988.

4.9. Home Visits and Inspections

It would appear that providers do not tend to distinguish between home visits and formal inspections. Many providers commented that activities were very similar on both occasions. For this reason, Table 4.15, which presents the providers' estimates of the number of home inspections and visits made by their home visitor each year, needs to be interpreted cautiously. Taken together, the data in Table 4.15 indicate that home visitors and providers typically meet about 12 times per year, or once a month, during which a visit or an inspection is made. This table indicates that 35% of the providers state that their homes are inspected between three and five times a year (the number required by the Regulation), 31% give the number of inspections as less than three and a further 25% say inspections occur nine to 12 times a year. A small minority (5%) report more than 12 inspections per year. The average number of inspections reported was six.

Table 4.15 **Frequency of Home Inspections vs Home Visits per Year**

Number per Year	Home Inspections	Home Visits
	%	%
Less Than 3	31	16
3 - 5	35	11
6 - 8	4	15
9 - 12	25	49
Over 12	5	9

Almost half the providers (49%) reported receiving a home visit from the home visitor nine to 12 times a year or approximately once a month. The remaining responses are distributed fairly evenly over frequencies of less than three times a year (16%), three to five times (11%) and six to eight times (15%), while only 9% indicate a frequency of more than once a month. The average number of home visits per year was nine.

Providers were fairly evenly split on whether they were informed beforehand of an impending inspection, with 44% being informed "usually" or "all the time" and 42% being informed "rarely" or "never". Fourteen percent stated they were "occasionally" informed of an inspection. The average length of an inspection was reported to be 34 minutes with the minimum being three minutes and the maximum three hours. The estimates of the length of an inspection by the providers (i.e., average of 34 minutes) contrasts sharply with the 70 minutes estimated by the agencies.

Table 4.16 presents the most time-consuming activities during a home visit. The most frequent response (40%) was that the home visitor engaged in activities with the children, such as making crafts and playing games. A large proportion of providers reported discussions of various topics. Many providers (37%) reported discussing the children's development with the home visitor. Discussion of their own concerns and problems with the program was reported by 28%. Other topics of discussion included those of a general nature (13%), nutrition (9%), programming (8%), health and safety (8%), problems with parents (6%) and behaviour management approaches (6%). Paperwork, such as ensuring all forms and records were up-to-date, was reported to be time-consuming by 26% of the providers.

Table 4.16 **Most Time-Consuming Activities of a Home Visitor During a Home Visit**

Activity	Percentage of Providers*
Activities With Children	40
Discussion Regarding the Children	37
Discussion Of Providers' Concerns/Problems	28
Paperwork	26
Talking With the Children	15
Observation Of Provider/Children Interactions	14
Information Regarding Program Events And Developments	13
General Discussions	13
Discussion/Monitoring Of Nutrition	9
Discussion Of Programming Ideas	8
Discussion/Monitoring Of Health And Safety In the Home	8
Assessment Of Children's Development	7
Discussion Of Parents	6
Discussion Of Behaviour Management Approaches	6
Provider Education	4

* Based on 101 responses

Very few providers (20%) responded when asked what activities they would like the home visitor to perform. Generally, the most time-consuming were also selected as activities which providers would like home visitors to perform, suggesting that, on the whole, providers are satisfied with the activities during a home visit. However, a few additional recommendations were made. Some providers suggested that home visitors could spend more time teaching either the children or the providers themselves. A small number suggested that parents might be included in home visits in order to discuss such subjects as behaviour management approaches. More general support from the home visitor was requested by a small number of providers.

4.10. **Parents**

Providers were asked to identify the main topics of discussion between themselves and the children's parents. As can be seen from the results presented in Table 4.17, discussions tended to focus on the children's behaviour (85%), health (77%), development (71%) and interaction with other children in the day care home. Behaviour management approaches were identified as a concern of parents by 51% of the providers.

Table 4.17 **Concerns Parents May Discuss with Providers**

Concern	Never/ Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Child's Behaviour	15	85	170
Child's Health	23	77	171
Child's Development	29	71	171
Interaction Of Child With Other Children	29	71	167
Nutrition	46	54	171
Behaviour Management Approaches	49	51	167
Hours Of Care	51	49	170
Program Of Activities	53	47	171
Safety	64	36	169
Supervision Of Child	70	30	170

Almost half of the providers (49%) identified the hours of care provided as a topic of discussion. Nutrition, safety and supervision of the child were reported to be "frequently" or "sometimes" discussed by 44%, 36% and 30% of providers respectively.

Very few difficulties between providers and parents were reported by providers. Table 4.18 shows that the most frequently occurring difficulty is the late pick-up of the child (54%). Unreliable attendance of the child is reported by 22% to occur "frequently" or "sometimes".

Table 4.18 **Difficulties Providers May Have with Parents**

Difficulty	Never/ Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Late Pick-Up Of Child	46	54	171
Unreliable Attendance	78	22	166
Late Payment Of Fees	91	9	164
Unreasonable Nutrition Requirements	95	5	170
Unreasonable Activity Requirements	95	5	169

4.11. Regulation

The present section addresses the providers' impressions and concerns about the impact of the ministry Regulation on the PHDC program. In general, the providers expressed little disagreement with the current requirements. Most agreed with the section of the Regulation governing home capacity and, for those who disagreed with this section, the main concern was not that the maximum number of children be increased above five but that more flexibility in establishing age ratios within the maximum be allowed. No strong consensus was detected in terms of the section(s) that had the most positive impact on the quality of child care, although the sections that were concerned with child safety and, to a lesser extent, home capacity and age ratios were most frequently identified. Very few providers reported having difficulties complying with the Regulation.

When providers were asked whether they agreed with the regulated maximum home capacity of five children, the majority of providers (77%) indicated that they were in agreement. Table 4.19 presents the reasons why the remaining 23% of providers disagreed. A major concern of those who disagree with the Regulation centred on the issue of part-time care. A number of providers (15/43) stressed that there is a need for more spaces for after-school care. An additional five indicated a desire for more flexibility in providing part-time care. While the Regulation stipulates a maximum of five children at any time, it was reported to be difficult to avoid a short overlap between the arrival of one part-time child and the departure of another.

A second concern was the desire for more autonomy in deciding the capacity of a home. This can be seen from the comment, voiced by 15 of the respondents, that providers (in some cases, together with the agency) should be able to make the decision based on their own assessment of their capabilities and qualifications.

Table 4.19 **Reasons for Disagreeing with Restrictions on Home Capacity**

Reason	Number of Providers
Capacity Should Depend on the Qualifications and Capability of Provider	15
More After-School Spaces Should Be Available	15
Part-Time Should Not Be Counted as a Whole Space	5
More Toddlers Should Be Allowed	4
Total Capacity Should Be Decreased	4
Providers' Children Should Not Be Counted	3
Total Capacity Should Be Increased	2
More Infants Should Be Allowed	2

Some providers expressed the desire to care for more infants (two) or toddlers (four). This was explained in terms of the difficulty of providing activities for a group of children with a broad age range.

It is interesting to note that while two of the providers felt that the total home capacity should be increased and three that providers' children should not be included in the count, a further four providers indicated that five children were too many for one home and that the maximum should, therefore, be decreased.

Providers were asked to indicate the section of the Regulation which, in their opinion, had the most positive impact on the quality of child care. Table 4.20 presents the responses of 81 providers.

While there was no strong consensus regarding the section, the most frequently cited area was that regarding safety (31). Providers felt that these sections not only protected the children in their care, but also enhanced the safety of their own families.

The general agreement with the limits placed on home capacity reported earlier is reflected in the fact that 20 of those responding named this section and 10 named age ratios as having the most positive impact on the quality of care.

Table 4.20 **Sections of the Regulation which Providers Feel Have the Most Positive Impact on Quality of Child Care**

Regulation	Number of Providers
Safety Regulations	31
Home Capacity	20
Home Visits	12
Age Ratios	10
Nutrition Requirements	9
Supervision Of Children	8
Programming	8
Health Regulations	8
Behaviour Management Requirements	6
Home Inspections	6
Provider Screening	4
Other	3

Very few providers (24%) reported having difficulty complying with any section of the Regulation. However, it is interesting that while 10% reported that the requirement for constant supervision of the children had a positive impact, this was also most frequently reported as being most difficult to comply with. Providing individual programs of activities was also considered to be difficult, especially in view of the different ages of the children in a provider's care. Other requirements mentioned by providers as being difficult included those surrounding the administration of medication, behaviour management, paperwork, fire drills, procedures for children taken ill and obtaining liability insurance.

Table 4.21 **Satisfaction of Providers with Aspects of their Work**

	Degree Of Satisfaction		
	Hardly/ Not at All	Somewhat/ Very	Number of Responses
	%	%	
Relationship With Children	1	99	170
Relationship With Agency	3	97	171
Relationship With Home Visitor	5	95	171
Relationship With Parents	5	95	170
Regulation	7	93	169
Number Of Children In Care	9	91	170
Hours Of Work	11	89	170
Recognition For WorK	21	79	168
Status Of Work	22	78	168
Rate Of Pay	27	73	168
Contact With Other Providers	34	66	168

4.12. **Program Views**

Overall, providers appear to be fairly satisfied with their work. When asked, 78% responded that they were either "very" or "somewhat" satisfied. Of the remainder, 14% responded that they were "somewhat" dissatisfied and only 8% indicated that they were "very" dissatisfied.

Table 4.21 presents the degree to which providers are satisfied with various aspects of their work. The vast majority of providers are very or somewhat satisfied with their relationships with the children (99%) and their home visitor (95%), while only slightly fewer are very or somewhat satisfied with their relationships with the agency (97%) and parents (95%). The number of children in their care was, for the majority of providers, either very or somewhat (91%) satisfactory.

Most providers reported themselves to be satisfied with recognition for their work (79%), the status of their work (78%), the rate of pay (73%), and contact with other providers (66%). Thus, the providers present a rather positive response to their occupation as caregivers.

Nevertheless, 40% of the providers felt there were areas where improvements could be made. Of those responding, 50% indicated that payments are considered to be inadequate. Another major concern was the lack of benefits for providers, such as holiday pay, unemployment insurance, etc. In addition, some providers commented on the need for more recognition for their work, for more training, and for funding in order to repair wear and tear to their homes. A small number felt that providers should have more input into the decision-making process within the PHDC program.

While concern was expressed regarding the number of family day care spaces available in general, some providers placed emphasis on meeting the needs of school-age children and those over the age of 10.

A small number of providers felt that there was a potential for abuse of subsidization on the part of some parents and suggested stricter controls be placed on determining the eligibility of families for subsidies.

Table 4.22 **Providers' PHDC Program Concerns**

Concern	Number of Providers
Inadequate Payment Of Providers	34
Inadequate Benefits For Providers	15
More Day Care Spaces Required	9
More Recognition Of Providers Required	8
Instability Of Work Will Result In Fewer Providers	7
More Direct Funding To Providers Required	6
More Training For Providers	6
More Stringent Controls On Subsidization Required	4
Future Of PHDC Uncertain	3
Capacity For School-Age Children Should Be Increased	3
Age Limit Should Be Raised To 12	3
More Provider Input In Decision-Making Is Required	3

CHAPTER 5

RESULTS OF PARENT SURVEY

Highlights of Parent Survey

Questionnaires were sent to a randomly-selected sample of 558 parents of children enrolled in the PHDC program. Two hundred and thirty-seven completed questionnaires were returned for a response rate of 55%. The parent sample was found to be representative of the population of parents with children enrolled in the PHDC program. Thus, the results obtained in the parent sample can be confidently generalized to the population of all parents with children enrolled in the PHDC program.

The typical respondent in the parent sample was a single mother living in an urban area, between 25 and 39 years of age with high school education. This respondent tended to be employed full-time but reported a family income of under $30,000, well beneath the average family income reported in the 1986 Census.

Parents learned about the PHDC agency most frequently from social service agencies or other parents. Once parents decided to register their child with an agency, there was considerable variation in the length of time until the child was placed in a provider's home. While most parents (67%) reported that their children were placed in three weeks or less, 17% of the parents waited eight weeks or more. The delay in placing a child does not appear to be a consequence of the parents going through a process of selecting a provider since only 42% of the parents reported being given an opportunity to choose from more than one provider, and in any event, whether or not parents were given a choice of providers, 73% of the parents placed their child with the first provider introduced to them. Further results indicate that parents tend to remain with the same provider, suggesting that, at least in terms of duration of stay with the same provider, parents tend to be satisfied with the day care arrangement.

When asked to rate the most important characteristics of a provider, parents indicated that providers should have a caring personality, a love of children and that the home of the provider should be safe and in a convenient location.

Results of questions which asked parents their reasons for choosing PHDC suggest that parents like the supervision and training of providers, prefer a home environment, and find that the location of the provider's home is convenient. More generally, most parents appear to rate PHDC as a preferable option for the care of their child. Consistent with this finding are results indicating that parents are very positive about the PHDC program. When asked what improvements (if any) could be made to the program, a range of suggestions were offered, with most recommendations being to increase the creative, educational, and outdoor activities for children.

With the exception of back-up care, the services offered by agencies are infrequently used by parents. In addition, parents were often unaware of the services available from their agency.

5.1 Sample

Questionnaires were sent to a randomly-selected sample of 558 parents of children enrolled in the PHDC program (see Chapter 2 for details of the random sampling procedure). Two hundred and thirty-seven (237) completed questionnaires were returned. Excluding the 28 questionnaires which were returned unopened (e.g., the occupant had moved, incorrect address, etc.), the 237 completed questionnaires represents a response rate of 55%.

Generally, a response rate of over 50% for mailed questionnaires is considered to be quite good (Babbie, 1973). However, it is more important to know whether the sample of respondents is representative of the population of interest. In the present survey, the population of interest is all parents enrolled in the PHDC program in Ontario. The representativeness of the current sample can be evaluated by comparing several characteristics of the parent sample to the survey of the PHDC agencies. In particular, the parent sample can be compared to the agency survey for the characteristics of agency type, agency location, ages of children, and number of subsidized parents. To the extent these comparisons are similar, confidence in the representativeness of the parent sample will be increased.

One basis for determining the representativeness of the sample of parents is to compare the proportion of parents enrolled in the various types of agencies and regions in the parent sample to the proportion of children enrolled in the different types of agencies and regions obtained from the agency survey. Table 5.1 displays the proportion of children enrolled in the three agency types and four regions reported in the agency survey and the proportion of parents in the sample of parents. Table 5.1 shows a high degree of similarity between the distribution of parents in the sample of parents by agency type and the expected distribution derived from the agency survey. Comparison of the two distributions by region also indicates a high degree of similarity. Thus, it is reasonable to conclude that the parent sample is representative of the population of parents with children enrolled with PHDC agencies and the regions in which they are located.

A comparison of the age groupings of the children enrolled in the PHDC programs as reported in the agency survey to the ages of the children of the parents in the current sample is shown in Table 5.2. Again, the respective proportions are strikingly similar. The only seeming discrepancy may be for infants (18% in the agency survey to 13% in the parent sample). However, such a minor difference would be expected since the parent survey occurred three months after the agency survey and some number of the infants (in the agency survey) would have "aged out" of that category in the parent survey. The parent sample, then, is representative of the PHDC population in terms of the ages of children. Furthermore, in terms of subsidized parents, the parent sample (72.5% subsidized) is quite similar to the agency survey (80% subsidized).

Thus the parent sample appears to be generally representative of the population of parents enrolled in PHDC programs in Ontario on several major parameters of interest. As a result, it is possible to generalize the results obtained in the parent sample to the population of all parents with children enrolled in the PHDC program.

Table 5.1 **Comparison of Distribution of Children in PHDC Survey to Distribution of Parents in the Sample**

	(Agency Survey) Percentage of Children	(Parent Survey) Percentage of Parents
Agency Type		
Municipal	45	44
Nonprofit	46	45
Commercial	10	11
Total	101*	100
Region		
North	6	7
Central	43	48
Southeast	27	25
Southwest	25	20
Total	101*	100

* This column should total 100, the difference is due to rounding.

Table 5.2 **Comparison of Percentage of Children in PHDC Program by Age to Parent Sample**

Age	Percentage in Program*	Percentage in Parent Sample
Infants (under 18 months)	18	13
Toddlers (18-30 months)	15	17
Pre-School or Kindergarten (2 1/2 to 6 years)	42	43
School Age (6 - 10 years)	22	24
Over 10 years	3	3
Total	100	100

* Based on results of agency survey.

5.2. Characteristics of the Parents

The parent sample can be described according to the demographic characteristics of the respondents. The instructions accompanying the questionnaire asked that the parent or person primarily responsible for child care arrangements should complete the questionnaire. Thus, the finding that the overwhelming majority of the respondents were mothers (92%) suggests that in almost all living arrangements, mothers are still the primary caregivers. Most respondents lived in urban areas and were slightly more likely to be living in a potentially single arrangement, i.e., single, widowed, divorced, or separated, (55%) than in a partnership arrangement, i.e., married or living with a common-law partner, (45%). The majority of respondents were between 25 and 39 years of age (87%), with an even distribution between 25 - 29 (33%) and 30 - 34 (32%) and, as might be expected, somewhat less between 35 - 39 (22%).

Over 75% of the respondents had completed secondary school and slightly over 25% had completed, attended or were attending university. Not surprisingly, most of the respondents were employed either full-time (76%) or part-time (11%). Comparison with the 1986 Census data indicates that the parents of children enrolled in PHDC had relatively low incomes. The majority of the respondents (70%) reported a family income of less than $30,000 in 1987. In contrast, only 37% of the 1986 Census reported a family income of less than $30,000. The income data break down further to 22% reporting incomes of less than $15,000, 37.5% reporting incomes between $15,000 - $25,000, and 10.5% with incomes between $25,000 - $30,000.

The demographic data indicate some similarities and some differences between parents enrolled in PHDC programs. In terms of similarities, most parents (predominately mothers) are working, have relatively low incomes and live in urban areas. While most respondents had at least a secondary school education, there is variation in the numbers obtaining different levels (and presumably types) of further education. Finally, while there was a slightly higher percentage of parents living in (potential) single arrangements, there was a considerable number of parents living in partnerships. Thus, other than the obvious descriptions of employment (and, therefore, requiring child care) and relatively low income (and, thereby, requiring subsidies), it would be misleading to portray PHDC programs as serving only a restricted segment of the population.

Compared with 1981, the present sample of parents is somewhat more likely to be married (45% in 1988 vs 30% in 1981) and less likely to be employed (87% in 1988 vs 97% in 1981). In addition, a higher percentage have less than a secondary education (25% in 1988 vs 14% in 1981). Fewer parents are less than 25 (6% in 1988 vs 9% in 1981) or between 25 and 34 (65% in 1988 vs 73% in 1981) while more parents are between the ages of 35 and 44 (27% in 1988 vs 17% in 1981). The percentage of those over 45 has remained approximately the same (2% in 1988 vs 1% in 1981).

Annual family incomes tend to be distributed over a broader range in the present sample. While over half the families earned between $10,000 and $20,000 in 1981 (53%), this number has declined to approximately one third in the present sample (31%). Fewer families now earn under $10,000 (10% vs 18%) while slightly more earn between $20,000 and $30,000 (29% vs 24%) and over $30,000 (29% vs 24%).

5.3. Initial Contact with PHDC Program and Providers

Parents reported learning about the PHDC agency most frequently from social service agencies (29%) or other parents (28%). Social service agencies were a particularly frequent source of information to parents enrolled with municipal agencies - 42%. Other than advertising by commercial agencies (22%), parents did not hear about the agencies very frequently from advertising, information centres or providers (see Table 5.3). Other sources of information, mentioned by a few parents, were family members, public libraries, day care centres and the phone book.

Table 5.3 **Sources From Which Parents Heard About the Agency**

Source of Information	Percentage of Parents
Social service agency	29
Another parent	28
Information centre	7
Advertising	9
Current provider	5
Another provider	5
Do not remember	3
Other	14
Total	100*

* Total number of responses = 279

There has been little change in the way parents learn about the agencies. The previous survey also reported that the most frequent initial contact was through a social service agency (29%) or another parent (25%). Providers (7%), information centres (5%) and advertising (3%) were, as in the present survey, fairly infrequent sources of information for the parents.

There was considerable variation in the length of time between registering a child with an agency and having a child placed in a provider's home as outlined in Table 5.4. While most parents (67%) did report that their children were placed in three weeks or less, 16% reported waiting between four and seven weeks and 17% reported waiting eight weeks or more. The length of the waiting period does not appear to be related to the type of agency.

Table 5.4 **Length of Time Children Waited Between Registering With the Agency and Being Placed**

Number of Weeks	Percentage of Parents
Less than 1	9
1 - 3	58
4 - 7	16
8 - 12	8
Over 12	9
Total	100*

* Total number of responses = 222

It would appear that parents are now waiting longer for their children to be placed than they did in 1981. At that time, almost half (45%) the families were found a place in less than one week. This number compares to 9% in the present survey. In 1981, 38% of the children were placed within a month (compared with 58% in the present survey). While fewer families waited between one and three months in 1981 (5% in 1981 vs 24% in 1988), the percentage of families who waited over three months for a placement was about the same in 1981 (11% vs 9% in 1988).

5.4. Contact with Providers

The delay in the initial placement of a child just described may be the result of such factors as waiting for a space to open up, the home visitor determining a suitable match between the child and the provider, or locating a home within a reasonable proximity to the parent. In any case, the delay in placing a child does not appear to be a consequence of the parents going through the process of selecting a provider. Specifically, the opportunity to choose from more than one provider was made available to slightly less than half of the parents (42%). Furthermore, whether parents had or had not the opportunity to choose amongst providers, 73% of the parents placed their child with the first provider introduced to them. And, 94% placed their child with either the first or second provider they met. Of the parents who were given the opportunity to meet more than one provider, the majority (87%) placed their child with the first (54%) or second (33%) provider they met.

Acknowledging the restriction of choice (i.e., only 42% were allowed the opportunity to choose from more than one provider), the finding that 94% of the parents had placed their child with the first or second provider they met seems quite high. Thus, it is reasonable to examine whether the parents are satisfied with the provider (and the agency). One measure of satisfaction is the length of time a parent remains with the same provider. The data on this measure suggest, at least in terms of duration of stay with the same provider, that parents are satisfied with the child care arrangement. Specifically, after enrolling with an agency and having their child placed, most parents (59%) report that their child had been cared for by only one provider. And, 81% of the parents have had their child with two or less providers. Furthermore, as indicated in Table 5.5, 51% of the parents have had their child with the current provider for 12 months or more.

Table 5.5 **Length of Time Children have been Cared for by the Current Provider and Families have been Enrolled with Current Agency**

Number of Months	Time with Agency*	Time with Provider**
	%	%
Less than 6	7	18
6 - 11	25	31
12 - 17	20	14
18 - 24	22	22
Over 24	26	15
	100	100

* Total number of responses = 236
** Total number of responses = 235

Considering the turnover rates of providers and the fact that only 68% of the parent sample had been with the PHDC agency for 12 months or more (see Table 5.5), there appears to be a fairly stable relationship between parents and providers in the PHDC program.

Children tend to remain with a provider for longer periods of time. While over half (59%) had been with the provider for less than one year in 1981, this number declined to 49% in 1988. The percentage of those whose children had been in the family day care home between one and two years rose from 25% to 36% in the present survey. However, there has been no change in the percentage of children remaining with a provider for over two years (15% in 1988 vs 16% in 1981).

Comparing length of time with the agency, approximately the same percentage have been with the agency for less than one year (32% in 1988 vs 33% in 1981). However, a considerably larger percentage of families have been with the agency between one and two years (42% in 1988 vs 27% in 1981) while fewer have remained for over two years (26% in 1988 vs 39% in 1981).

The parents were requested to rate the three characteristics they felt were most important in a provider. Table 5.6 presents the results of these ratings. Clearly, an important concern to parents is that the provider have a positive attitude towards children and a caring personality. They are also concerned that the provider can offer a safe environment for the children. Parents were not particularly concerned whether there were other children in the home. This is somewhat surprising, since small groups are usually cited as an advantage of PHDC. Moderate amounts of concern were expressed regarding the location of the provider's home, the provider's experience with children and that the provider offered a clean home environment. The vast majority of parents (91%) reported that it was either "very" or "somewhat" convenient to get their child to and from the provider's home.

Table 5.6 **Parents' Perceptions of Important Characteristics of a Day Care Provider and Her Home**

Characteristic	Percentage of Parents*
Caring Personality	58
Love of Children	48
Safe Environment	48
Location of Provider's Home	35
Experience with Children	31
Clean Home Environment	22
Shared Child-Rearing Views	14
Training in Child Care	10
Flexibility of Hours	9
Availability of Outdoor Play Area	8
Number of Children already in Home	8
Ability to have two or more Children in the Home	3
Other	3

* Number of responses = 234

5.5. Perceptions of PHDC Program

The parents were asked several questions that related to their perceptions and knowledge of the PHDC program. An important question, of course, pertained to their reasons for choosing the PHDC program. To address this issue, the parents were asked to rate importance of each of nine potential reasons for choosing a PHDC program. The frequency of ratings of "moderate" or "very" important for each of the nine reasons are presented in Table 5.7. Across agency types, parents felt that the supervision (85%), training (86%) and location of the home (91%) of providers were important reasons for choosing PHDC.

Also, parents rated the home environment (90%) and individual attention for their child (82%) as being important. The lack of availability of other subsidized care (41%) or other forms of care in general (34%) were not as frequently rated to be important. Thus, many parents appear to consider the PHDC program to be a preferable option for child care. While the need for child care in irregular hours was not generally rated as important (27%), it was perceived to be especially unimportant by parents enrolled with commercial agencies.

Table 5.7 **Parents' Ratings of Reasons for Choosing PHDC**

Reasons	Little/ Not at All	Moderate/ Very	Number of Responses
	%	%	
Location is Convenient	9	91	230
Prefer a Home Environment	10	90	229
Provider is Supervised	14	86	229
Provider is Trained	14	86	225
Wanted Individual Attention	18	82	228
Referred by Social Services	53	47	225
No other Subsidized Care Available	59	41	222
No other Care Available	66	34	222
Needed Care in Irregular Hours	73	27	223

There has been a change in reasons why parents chose PHDC. In 1981, the most frequently-mentioned response was the need for subsidized care (47%) followed by the fact that providers are supervised (31%), a lack of choice of daycare (24%) and a preference for a home environment (23%). Less frequently mentioned were the convenience of the location (10%), referral by social services (6%) and the need for care during irregular hours (1%). The lack of choice of either subsidized care or of day care in general was not of such concern to the parents in the present survey; instead, greater importance was attached to the convenience of the location of the provider's home. The parents responding to both surveys were in agreement that the supervision of providers was an important factor in choosing private home day care.

Table 5.8 presents the parents' ratings of satisfaction with a number of aspects of their current arrangement with the PHDC program. In all instances, ranging from cost through various characteristics of the provider (e.g., reliability, flexibility, interpersonal relationships, etc), to the over-all quality of care, the parents were highly positive toward the PHDC program.

Despite the positive response to the PHDC program, 58% of the respondents described improvements they would like to see to the program. While a range of possible improvements were suggested, the most frequent recommendations were to increase the activities (creative, educational, outdoor) for the children. There also was some desire for increased contact between the parents and the home visitor and/or the agency. Finally, a number of the parents sought improvement regarding the providers, such as offering them more educational or training opportunities, increasing the flexibility in the hours of care provided and simply increasing the number of providers available.

Table 5.8 **Percentage of Parents Expressing Satisfaction with Aspects of Current Day Care Arrangements**

	Percentage of Parents	Number of Responses
Reliability of Provider	97	237
Hours of Care Provided	97	237
Child's Relationship with Provider	97	233
Health & Safety	97	235
Quality of Care	95	235
Behaviour Management Practices	95	234
Location of Provider	94	236
Parent's Relationship with Provider	94	236
Number of Children in the Home	93	233
Child's Relationship with Others	92	236
Flexibility of Provider	90	232
Training of Provider	90	232
Quality of Meals	90	224
Cost of Day Care	88	232
Availability of Toys	86	232
Activities for the Child	86	235

The PHDC programs often offer a variety of services to parents. However, as indicated in Table 5.9, other than back-up care, which is used by 59% of the parents, most of the services (if they are available) are not used by parents. In part, the low usage of the services may be due to the parents not being aware of their existence. Examination of Table 5.9 indicates that most parents do not know whether the agency offers services other than child care and back-up care.

In the 1981 study, it was reported that parents tended to be unaware of services offered by the agencies. While 46% of the parents indicated that group meetings were not offered, another 7% did not know whether meetings were offered. In addition 38% were not aware of any other services which might be offered. As reported previously, the present study has found a continued lack of awareness of the majority of services offered, such that only back-up care and newsletters are known and used with any frequency.

Table 5.9 **Frequency with which Families Use Services Provided by the Agency**

	Use Service	Do Not Use Service	Service Not Offered	Unaware of Service	Number of Responses
	%	%	%	%	
Play Groups	13	17	19	51	216
Parent Group Meetings	8	26	18	48	214
Family Counselling	4	21	22	54	215
Emergency Care	11	29	20	41	215
Back-Up Care	59	22	8	11	229
Sick-Child Care	9	17	32	42	214
Parenting Workshops	5	20	20	56	218
Drop-In Centre	5	20	22	54	213
Newsletters	39	7	16	38	222

CHAPTER 6

RESULTS OF HOME VISITOR SURVEY

Highlights of Home Visitor Survey

Surveys were sent to 55 home visitors and 41 completed questionnaires were returned for a response rate of 76%. The sample was representative of the agency types, although it did exclude home visitors from one-person agencies.

Most of the home visitors were employed full-time (70%). Home visitors employed by municipal agencies had worked on the average longer for the agency (37 months) than home visitors employed by nonprofit (20 months) or commercial (19 months) agencies. The majority of home visitors had an ECE degree (76%) and, for the most part, had had previous experience working in the child care profession.

The home visitors' role requires that they engage in a variety of activities, and have responsibilities towards the providers, agencies, and parents. However, the home visitors reported that their most important activities/responsibilities were directed towards providers, followed by parents and, lastly, agencies.

The home visitors who responded supervised approximately 20 providers and typically had over 50 children in their caseload. Home visitors with commercial agencies supervised more providers and had a larger caseload of children. In general, the home visitors felt that the number of providers supervised and children in their caseload was appropriate.

A very important responsibility of the home visitors is recruiting and appraising new providers. The home visitors felt the most important factors in determining the suitability of a new provider was that the provider have a caring personality, love of children, and common sense. In addition, they were concerned that the provider's home be safe for the children and conveniently located. The home visitors reported that recruiting providers was made difficult by the low pay, competition with informal care and the stringency of the Ministry regulations. Interestingly, other than due to low pay, the home visitors did not demonstrate a high degree of consensus on the reasons why providers leave a PHDC program.

The number of inspections of the providers' homes by the home visitors ranged from a low of 3.3 for home visitors with municipal agencies to 5.2 and 6.2 for, respectively, home visitors with commercial and nonprofit agencies. The home visitors of the various agency types were in agreement that they conducted home visits with providers about once per month for reasons other than inspections. The home visitors, during the inspections and home visits, discuss a wide range of topics with providers including programming activities for the children, behaviour management, problems with specific children, and personal concerns of the provider.

When placing a child with a provider, the home visitors were in agreement that the important considerations included the proximity to the parent's home, ages of children already in the provider's home and hours of care required. Characteristics and needs of the child such as handicapping conditions, nutritional and medical needs were also given attention.

The home visitors felt that the key reasons for parents taking their children out of a PHDC program were that they left the district and that they were no longer eligible for subsidy. In their fairly frequent discussions with parents - on the average once a month - the home visitors reported touching on a number of topics of concern to the parents. The parents' major concerns seemed to be hours of care and their child's behaviour. However, they also discussed their relationship with the provider, programming activities for their child and, to some extent, the cost of care.

Quite a few home visitors (63%) reported that situations arose which placed them in conflict between providers and parents. The two most frequent reasons for conflict were undefined disputes between providers and parents which home visitors had to mediate, and parents' failure to pick up a sick child from the provider's home.

6.1. Sample of Home Visitors

Questionnaires were sent to a sample of 55 home visitors (see section 2.3. for details of the sampling procedure). Forty-one (41) completed questionnaires were returned along with one uncompleted questionnaire from an individual who was no longer employed as a home visitor. The 41 completed questionnaires represent a response rate of 76%.

As discussed in section 2.3., a decision was made not to sample home visitors who were also directors/coordinators of agencies. One reason for excluding them from the sample was that they had already been requested to complete the agency questionnaire and it would have been unfair to expect them to spend the additional time to complete the home visitor questionnaire. In addition, it might be expected that they would have difficulty in separating their home visitor and director roles and, as a result, their responses might not reflect the usual perspective of home visitors.

The exclusion of individuals who served the dual role of home visitor and agency director/coordinator resulted in a sample that was biased against the very small PHDC agencies, i.e., the one-person operations. The majority of such agencies were nonprofit agencies (13) and, to a lesser extent, commercial agencies (2). Thus, it should not be surprising that the sample of home visitors over-represented municipal agencies (44% in the sample vs 29% in the population of agencies) and under-represented nonprofit agencies (46% in the sample vs 59% in the population of agencies). While the percentage of commercial agencies in the sample (10%) was quite similar to the percentage of such agencies in the population (13%), there were only four respondents for the commercial agencies.

The sampling procedure was not designed to provide a representative sample of home visitors but rather a sample of home visitor-agency pairings excluding the one-person operated agencies. If the one-person agencies are removed from the population of PHDC agencies, the current sample more closely approximates the distribution of agency types - municipal is 44% (sample) vs 37% (population), nonprofit is 46% (sample) vs 51% (population) and commercial is 10% (sample) vs 12% (population). Thus, from this perspective, the current sample provides a reasonable representation of the PHDC agencies. However, the sample, unfortunately, does not represent the one-person agencies. Thus, generalizations from the current results to these agencies must be qualified.

6.2. Characteristics of Home Visitor Sample

All of the home visitors were female. The most frequent age grouping was between 30-34 years of age (42%) with an equal percentage of the sample (17%) reporting ages of, respectively, 25-29 and 35-39. The majority of the respondents (70%) were employed full-time as home visitors (see Table 6.1) and worked an average of 26.8 hours per week, although that varied somewhat according to type of agency (see Table 6.2). On average, home visitors employed by municipal agencies had worked longer for the agency (37 months) than home visitors employed by nonprofit (20 months) or commercial (19 months) agencies.

Table 6.1 **Full-Time vs Part-time Home Visitors**

	Type of Agency				
	Municipal	Nonprofit	Commercial	Total	Number of Responses
	%	%	%	%	
Full-time	67	67	100	70	28
Part-time	33	33	0	30	12
Number of responses	18	18	4	100	40

Table 6.2 **Average Number of Hours Worked by Home Visitors**

Type of Agency	Average Number of Hours	Number of Responses
Municipal	21	18
Nonprofit	31	17
Commercial	35	4
Average	26.8	39

The majority of the home visitors had an ECE degree (76%), either alone or in combination with a B.A. degree. The remainder of the sample reported a variety of other certificates or diplomas (17%) such as teaching or psychology certificates or did not respond to the question (7%) (see Table 6.3). Table 6.4 outlines the previous experiences the home visitors reported as relevant to their current job. The home visitors listed a variety of experiences (Table 6.4) which appear to be directly relevant to child care such as day care assistant/teacher, day care supervisor, PHDC provider and school teacher. Furthermore, as outlined in Table 6.5, the home visitors had generally continued to attend workshops, conferences and, to a lesser extent, university or college courses during the past year. Most of the home visitors ted that the agency paid for both the costs of courses and their time off (65%) (see Table 6.6). Thus, in general, the home visitors were both qualified and experienced for their roles in child care.

Table 6.3 **Home Visitor Qualifications**

Qualification	Percentage of Home Visitors*
ECE Degree or Diploma	59
ECE and B.A.	17
Other Certificates or Diplomas	17
Percentage Not Reporting	7
	100

* Based on 41 responses

Finally, slightly over one-half (56%) of the home visitors reported having had a performance appraisal during the past year. (This percentage is an underestimate since 44% of the home visitors had been in their jobs for only 12 months or less). The method of appraisal was quite varied ranging from self-evaluation through verbal discussions to written reports/evaluations by a supervisor. The most frequent method was some form of verbal discussion with a supervisor.

Table 6.4 **Previous Experience of Home Visitor**

Type of Experience	Percentage of Home Visitors*
Day Care Assistant or Teacher	42
Day Care Supervisor	30
Years in Day Care Field	25
PHDC Provider	15
School Teacher	15
ECE Faculty Teacher	15
Volunteer on Day Care Board	10
Children's Aid Society	8
Parks and Recreation Department	5
Counselling	5
Head Start	5
Playgroup Coordinator	5
Other	5

* Based on 40 responses

Table 6.5 **Percentage of Home Visitors Attending Professional Development Activities in Past Year**

	Number of Activities				
Professional Dev.	0	1	2	3	More Than 3
	%	%	%	%	%
University/College courses	48	31	13	4	4
Conferences	10	51	33	3	3
Workshops	5	28	17	17	33

Table 6.6 **Agency Assistance for Professional Development**

Type of Assistance	Percentage of Home Visitors*
Agency Pays Costs and Time Off	65
Agency Pays Fees	10
Agency Provides Time Off	10
Agency Makes Partial Payment of Fees	5
Agency Provides Conferences/Workshops	5
Number Not Responding	5
	100

* Based on 40 responses

6.3. Activities and Responsibilities

The home visitors engage in a variety of activities for the families in PHDC programs, for the providers, and for the agencies. In many cases, a given activity may be directed towards two or more of these groups. However, for the purposes of analysis and presentation, the home visitors' activities towards the respective groups are examined separately. Home visitors generally indicated that their most important activities were with providers, followed by activities with families, with agency activities being rated as relatively less important.

Table 6.7 outlines the home visitors' qualitative estimates of the amount of time spent on several activities for families enrolled in PHDC programs. Almost all of the home visitors report spending a considerable amount of time in the placement of children (98%) and in phone contacts with parents (95%). Most home visitors further report spending either a moderate or considerable amount of time on personal contacts with parents (76%) and in program-related problem solving for parents (73%). The home visitors do not generally report spending much time in the organization of parent's groups (20% report spending a moderate amount of time in this activity) or in the completion of Form 1 applications. The latter activity appears to occur more in municipal agencies (55%) as compared to nonprofit (22%) or commercial (0%) agencies.

Table 6.7 **Estimates of Time Spent in Parent-Related Activities**

Activity	Not At All/ Little	Moderate/ Great Deal
	%	%
Placement of children	2	98
Phone contact with parents	5	95
Personal contact with parents	24	76
Program-related problem solving	27	73
Other contact	47	53
Other problem solving	52	48
Completion of Form 1	65	35
Organization of parent groups	81	19

The home visitors report spending considerable time on a variety of activities directed towards the providers (see Table 6.8). Most home visitors reported spending either a moderate amount or great deal of time in recruitment (88%), orientation (80%), and training of providers (83%), a result which would be expected since we know that there is a high turnover rate of providers. The home visitors are highly involved with the providers after they have been recruited. The vast majority reported spending considerable time in inspections (95%), home visits (95%), telephone contact with providers (98%), and, to a somewhat lesser extent, program related problem solving for providers (85%). The home visitors, for the most part, reported spending less time on organizational activities such as organizing provider groups (56%), preparing newsletters (54%) and, especially, becoming involved in the organization of play groups (29%). The amount of time home visitors spend on these various activities does not appear to differ in any systematic manner between agency types.

While a number of home visitors reported spending a lot of time at staff meetings (73%) and on administrative duties (76%), the home visitors were not overly involved in other agency activities (see Table 6.9). Only a minority of the home visitors reported spending appreciable time in fund raising (12%) or meetings with other social service agencies (42%). Most do report spending considerable amounts of time travelling (71%), but this activity is probably more relevant to a provider-related activity than an agency-related activity.

From the three tables, it is apparent that the home visitors consider themselves to have a number of activities and responsibilities and to spend considerable amounts of time in these activities. The ratings of the home visitors' perceptions of the amount of time spent on the various activities within a grouping (i.e., family, provider, or agency) or between the groupings do not provide a basis for the comparison of their priorities in terms of their work.

Table 6.8 **Time Spent in Provider-Related Activities**

Activity	Not At All/ Little	Moderate/ Great Deal
	%	%
Phone contact with providers	2	98
Home inspections	5	95
Home visits	5	95
Recruitment	12	88
Program-related problem solving	14	86
Provider education/training	17	83
Orientation	20	80
Other problem solving	24	76
Organization of provider groups	44	56
Preparing newsletter	49	51
Organization of play groups	71	29
Other	87	13

Table 6.9 **Time Spent in Agency-Related Activities**

Activity	Not At All/ Little	Moderate/ Great Deal
	%	%
Administration	24	76
Staff meetings	27	73
Travel	29	71
Meetings with Social Service agencies	58	42
Fund raising	88	12
Other	98	2

In an attempt to obtain information about priorities, home visitors were asked to indicate what they considered to be their three most important activities. The results of their ratings are presented in Table 6.10. These results can be considered from two perspectives. First, a grouping of their responses by the purpose of the activity indicates that provider-related activities were most frequently mentioned as one of the three important activities (50%) followed by family-related activities (33%) with agency activities occurring very seldom (4%). Miscellaneous (7%) and child-related (6%) activities occur as frequently as agency activities. Within the groupings of the main purpose of activities, the most frequently mentioned provider-related activities were providing education and support, opening new provider homes, and home visits. For families, education and support was again considered an important activity as was the placement of children. Thus, while the home visitors do have a number of activities and responsibilities, they do perceive their roles towards providers and, to a lesser degree, towards families to be their most important functions.

Table 6.10 **Most Important Activities Performed by Home Visitors**

Activity	Percentage Responding*
Family Related	
Education and Support	54
Placement of Children	46
Meet Parents Needs	7
Client Contact	2
Provider Related	
Opening New Homes	46
Education and support	41
Home Visits	34
Home Inspections	19
Ensure Compliance with Ministry Regulation	10
Program Planning with Providers	7
Evaluation of Providers	7
Agency Related	
Administration	12
Outreach with Community	2
Child Related	
Ensure Quality of Care	22
Implement Developmental Program for Each Child	2
Other	
Problem Solving	10
Liaison between Clients and Providers	7
Communication	5

* Based on 41 responses

6.4. Providers

The average number of providers supervised by the home visitors was 19.0 for nonprofit, 19.2 for municipal, and 23.0 for commercial. And, for the most part, the home visitors considered their current caseloads to be appropriate (see Table 6.11). For home visitors with municipal and nonprofit agencies, there was quite good agreement between the average number of children in a caseload and the number considered to be appropriate. As outlined in Table 6.12, the average caseload compared to the caseload considered appropriate was 51.0 vs 54.5 for municipal and 56.5 vs 50.3 for nonprofit. There appears to be less agreement between the actual and appropriate caseload for home visitors with commercial agencies - 66.7 vs 55.0. However, the estimates for home visitors with commercial agencies are based on only four home visitors and, therefore, may not be reliable.

Table 6.11 **Average Number of Homes in Home Visitors' Caseload vs Number Considered Appropriate**

Type of Agency	Average Number of Homes	Average Number Considered Appropriate	Number of Responses
Municipal	19.2	18.8	18
Nonprofit	19.0	17.8	19
Commercial	23.0	23.7	4

Table 6.12 **Average Number of Children in Home Visitors' Caseload vs Number Considered Appropriate**

Type of Agency	Average Number of Children	Average Number Considered Appropriate	Number of Responses
Municipal	51.0	54.5	17
Nonprofit	56.5	50.3	19
Commercial	66.7	55.0	4

When queried about the factors that were important in determining a caseload, the home visitors specified a variety of factors (see Table 6.13) but did not consistently identify any single reason or set of reasons. The most frequently cited reasons (and these occurred for less than one-third of the respondents) were travel time to the providers homes, amount of involvement with other programs of the agency, number of hours required to do the work, and the need for child-care in the area.

Table 6.13 Important Factors in Determining Home Visitors' Caseloads

Factor	Percentage Responding*
Involvement with Other Agency Programs	27
Travel Time Required	27
Need in the Area	24
Characteristics of Families	24
Number of Staff and Hours Worked	24
Amount of Paperwork	24
Skills and Personality of Home Visitor	16
Ability to Support and Supervise Providers	16
Number of Spaces Available	13
Presence of Children with Special Needs	11
Experience of Providers	8
Needs Test Workload	8
Ability to Maintain Contact with Parents	3

* Based on 37 responses

Table 6.14 outlines the home visitors' rankings of the factors they consider to be most important in appraising new providers. From a list of 16 factors, the home visitors were in agreement in identifying five factors as important. Three of these five factors could be best described as personality characteristics of the provider - a caring personality, love of children and common sense. Two dealt with the providers' homes -the location of the home and the safety it provided. While previous experience with children was of some concern, previous training and employment were not important factors. Nor, interestingly, was flexibility of hours.

The home visitors' rankings of the characteristics they felt to be important in providers is quite similar to those considered to be important by both the agencies and the parents. Specifically, like the home visitors, the agencies rated the same five factors most heavily - "caring personality", "love of children", "safe environment", "location of home" and "common sense" - although the order in which these five factors were ranked was slightly different (see section 3.8.3). And, with the exception of "common sense", the parents identified the same four factors as the home visitors and the agencies as the most important characteristics of a day care provider. Thus, there is a high degree of consensus amongst the participants in the PHDC program on the characteristics which are desirable in a provider.

Table 6.14 Percentage of Home Visitors Rating a Factor as one of the Three Most Important When Appraising New Providers by Agency Type

	Type of Agency			
	Municipal	Nonprofit	Commercial	Total
	%	%	%	%
Safe Environment	65	60	100	66
Caring Personality	53	65	50	61
Love of Children	47	49	25	46
Common Sense	23	55	50	33
Location of Home	47	22	0	30
Experience with Children	29	21	25	25
Willingness to Learn	6	16	25	13
Good Rapport with Adults	6	17	0	10
Flexibility of Hours	6	6	0	5
Previous Training	6	0	0	3
Previous Employment	6	0	0	3
Clean Home Environment	6	0	0	3
Transportation	0	6	0	3
Number of Responses	17	18	4	

Despite the importance placed upon personality characteristics of providers, when asked to identify factors which made recruiting of providers difficult, the home visitors referred to other issues - e.g., low pay, competition with informal care and too many rules and regulations imposed on the providers. The issues of low payments and ministry Regulations were further identified as problems when the home visitors were asked to rate the frequency with which several specific factors were raised as difficulties by individuals they were trying to recruit. Table 6.15 indicates that 93% of the home visitors felt that the issue of low payments was raised frequently or sometimes during recruitment and 85% felt that the stringency of the ministry Regulation was similarly raised. Home visitors were almost equally divided in their opinion of the frequency with which issues such as agency or municipal policies, paperwork, and health and fire requirements were raised while recruiting new providers.

Table 6.15 **Difficulties Potential Providers Raised to Home Visitors**

Difficulty	Never/Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Payments Too Low	7	93	41
Ministry Regulation Considered Too Stringent	15	85	40
Paperwork Too Time Consuming	44	56	41
Objections to Agency Policies	44	56	41
Objections to Municipal Policies	50	50	40
Health Requirements Considered Too Stringent	56	44	41
Fire Requirements Considered Too Stringent	61	39	41

The agencies' ratings on the same question (see section 3.8.3) were quite similar to those of the home visitors. The agencies felt that low provider payments was a serious difficulty in recruitment and that municipal policies, fire and health requirements and paperwork were less serious problems. The agencies, however, did not rate the "stringency of ministry Regulation" as high as did the home visitors. In part, the different weight assigned to the Regulation may result from agencies usually interacting with providers after they have entered the program and, perhaps, have found the regulations not to be a particular problem. The home visitors, on the other hand, may be encountering more individuals who reject the role of a provider due to the regulations and, therefore, may place more weight on this factor as a problem in recruiting.

The home visitors reported that the number of providers in their caseloads who left the agency during the past year ranged from a low of 5.4 for municipal agencies to 6.0 for nonprofit and 6.7 for commercial agencies. Thus, given the average caseload (see Table 6.11), these figures indicate a provider turnover rate of approximately 30%.

The home visitors rated the frequency of a variety of factors as reasons why providers left an agency. Table 6.16 presents the home visitors' ratings. Interestingly, there was not a high degree of consensus among home visitors on most of the factors. The somewhat ambiguous factor of "personal reasons" was identified as a frequent reason by all the home visitors. Most home visitors (75%) felt that inadequate payment was an important reason as well. Other reasons for leaving the agency program included burnout (60%), length of working day (58%), number of regulations (55%) and isolation (50%).

Table 6.16 **Frequency of Reasons Why Providers Leave an Agency**

Difficulty	Never/Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Personal Reasons	0	100	39
Inadequate Payment	25	75	40
Burn Out	40	60	40
Length of Working Day	42	58	40
Number of Regulations	45	55	40
Poor Relationship with Parents	47	53	40
Isolation	50	50	40
Poor Relationship with Agency	65	35	40
Low Status of Work	68	32	38
Lack of Advancement	68	32	40
Lack of Recognition	77	23	39

The providers' ratings of the reasons why (other) providers might leave a PHDC program were somewhat different. The most obvious difference is that the providers did not rate any factors as strongly as did the home visitors (see section 4.3.0). Thus, while 100% of the home visitors rated "personal reasons" as important, only 64% of the providers gave it such a rating. Inadequate payment was given as an important reason by 65% of the providers and lack of benefits was rated as important by 70% of the providers. Burnout (71%) was presented as a similarly important factor by both the providers and the home visitors (60%).

Only nine of the agencies represented in the sample of home visitors had policies preventing providers from having contracts with multiple agencies. And, according to the home visitors whose agencies had such policies, the providers did comply with the policy (see Table 6.17).

The majority of home visitors (85%) reported that the providers in their caseload lived in urban areas. An equal percentage of 7.5% reported their providers lived mostly in rural or a mixture of rural and urban areas. While the numbers are small, it was only home visitors with municipal agencies who reported supervising providers outside an urban area.

Table 6.17 **Frequency of Agencies with Policies Preventing Providers Contracting with Other Agencies**

	Number with Policy	Number whose Providers Comply	Number of Responses
Municipal	2	2	15
Nonprofit	4	4	16
Commercial	3	3	4
Total	9	9	35

6.5. Inspections and Home Visits

The home visitors were asked how many times a year they inspected a provider's home and also how many times a year they visited a provider for reasons other than inspection. A home inspection was defined to be specifically to ensure that the provider and her home were in compliance with ministry Regulations.

Table 6.18 **Average Number and Length of Home Inspections Made by Home Visitors**

Type of Agency	Number of Inspections	Number of Minutes	Number of Responses
Municipal	3.3	59	17
Nonprofit	6.2	49	19
Commercial	5.2	52	4

There appears to be a difference in the average number of inspections per year of a provider's home by home visitors from the different types of agencies. As outlined in Table 6.18, home visitors employed by municipal agencies report making 3.3 inspections per year on the average which last for an average of one hour. Home visitors with nonprofit and commercial agencies make more inspections per year reporting average numbers of inspections of 6.2 (lasting 49 minutes) and 5.2 (lasting an average of 52 minutes), respectively. There does not appear to be much consistency between home visitors about whether a home inspection is announced to the provider in advance. Slightly over 50% of the home visitors indicated that they never or rarely announce an inspection, 20% indicated that they sometimes announce an inspection, with the remainder indicating that they usually or always announce an inspection.

The home visitors described a number of activities that took place during home inspections as outlined in Table 6.19. Results from this table suggest that apart from three or four activities (safety and cleanliness of the home, approval of toys, and storage of hazardous products), home visitors appear to place different emphasis on the activities. Throughout the year, home visitors visit the home of providers for reasons other than inspections (e.g., consultation, toy-lending, etc.). Results indicate that home visitors visit on average 12.8 times per year with each visit lasting about 54 minutes.

Table 6.19 **Activities During a Home Inspection**

Activity	Percentage Responding*
Ensure Safety of the Home	70
Ensure Cleanliness of the Home	35
Approve Toys and Equipment	33
Ensure Proper Storage of Hazardous Products	30
Ensure Adequate Nutrition of Meals	15
Ensure Fire Safety Precautions Adhered To	15
Ensure Children are Happy	15
Ensure DNA Regulation Adhered To	15
Review Programming Activities	13
Check Suitability of the Provider	13
Ensure All Forms are Up-to-Date	13
Check Safety of Sleeping Area	10
Ensure Home is Warm and Inviting	10
Observe Provider Interaction with Children	10
Observe Organization of the Home	8
Review Behaviour Management Practices	8
Other	20

* Based on 40 responses

The types of topics discussed, and the frequency of occurrence of discussions by types of topic, during a home visit are presented in Table 6.20. As is evident from the table, a wide range of issues are discussed during home visits and the discussions occur frequently for nearly all issues. (None of the issues were identified as occurring "never" or "rarely" by the majority of home visitors). The majority of home visitors reported frequently (or sometimes) discussing program- related issues such as nutrition (98%), program activities ([illegible]00%), and methods of behaviour management (98%) as well as concerns with specific children such as a particular child's development (98%) and a child's family relationship (90%). A frequent topic of discussion was focussed upon the providers' concerns - e.g., the provider's family (81%), providers' personal concerns (88%), providers' relationship with parents (98%) and with the agency (81%). They also discuss the requirements and regulations imposed by the Ministry (88%), the agencies (88%) and, to a slightly lesser degree, the municipality (68%).

Table 6.20 **Frequency with which Providers Raise Concerns with Home Visitors**

Topic of Concern	Never/Rarely	Sometimes/ Frequently	Number of Responses
	%	%	
Program Activities for the Children	0	100	41
Nutrition	2	98	41
Development of a Particular Child	2	98	41
Methods of Behaviour Management	2	98	41
Parent-Provider Relationship	2	98	41
Transportation	7	93	41
A Child's Family Relationship	10	90	41
Ministry Regulation	12	88	41
Agency Requirements	12	88	40
Late Pick-Ups	15	85	41
Agency-Provider Relationship	19	81	41
The Provider's Family	19	81	41
Municipal Requirements	32	68	41
Local Fire or Health Requirements	32	68	41
Insurance	49	51	41

The home visits are probably best conceived of as an important mechanism for the home visitors to fulfil their consultative role to the providers. Certainly, the breadth of topics discussed would suggest that the home visitors do provide a supportive and consultative role to providers on a wide variety of issues.

As a follow-up to the question of the topics discussed during the one-to-one home visit, the home visitors were asked to indicate the topics discussed during group meetings with providers (if their agency held such meetings). Most of the home visitors (90%) responded to this question and described a number of different topics which might be discussed during a group meeting (see Table 6.21). As might be expected, the most frequently cited topics of discussion were more clearly focussed upon child care practices rather than the mixture of child care and personal issues of the home visits. Some of the more frequently mentioned topics were behaviour management, nutrition, first aid and health and safety, creative activities, and child development.

Table 6.21 **Discussions or Activities During Provider Group Meetings**

Discussion/Activity	Percentage Responding*
Behaviour Management	40
Nutrition	38
First Aid	30
Health and Safety	30
Creative Activities	28
Child Development	25
Child Abuse	20
Program Planning	20
Communication Skills	15
Income Tax	15
DNA Requirements	13
Discussion of Individual Concerns	13
Agency Policies	8
Stress Management	8
Multiculturalism	5
Legal Liability	5
Other	20

* Based on 37 responses

The home visitors were asked whether there were situations in which they experienced a conflict between their inspection and consultative responsibilities to providers and, if so, in which type of situations. Relatively few home visitors (22%) reported experiencing any conflicts due to the dual roles of inspection and consultation. No single situation or class of situations appeared to give rise to these few conflicts.

6.6. Parents and Children

The home visitors estimated that parents typically met one or two providers before placing their child(ren) with a provider. Home visitors with municipal agencies estimated that parents met with an average of 1.2 providers, whereas estimates of 1.7 providers were given by home visitors with nonprofit and commercial agencies.

The home visitors rated the importance of a variety of factors that might be considered when placing a child with a provider (see Table 6.22). There was very high consensus on the importance of factors such as proximity to the parent's home (98%), ages of the children already in the provider's home (98%), hours of care required (95%) and ages of the provider's own children (93%). Also, characteristics of the child were frequently considered to be important, such as handicapping conditions (85%), behavioral characteristics (88%), and nutritional or medical requirements (85%). And, while similarity of child-rearing practices between parents and providers was generally rated as important (78%), the similarity of the socio-economic status of parents and providers (59%) and similarity of language/ethnicity (68%) were rated as somewhat less important.

Table 6.22 **Importance of Factors to be Considered when Placing a Child**

	Degree of Importance	
Factor	Not At All/ Little	Moderate/ Very
	%	%
Proximity to Parents' Home or Work	2	98
Language/Ethnicity	32	68
Ages of Children in the Home	2	98
Ages of Provider's Children	7	93
Handicap of the Child	15	85
Other Behavioral Characteristics of the Child	12	88
Nutritional or Medical Requirements	15	85
Hours of Care Required	5	95
Similarity of Parent and Provider Socio-economic Status	41	59
Similarity of Child-Rearing Values	22	78

The home visitors were also queried about the reasons why parents might take their children out of a PHDC program. Table 6.23 outlines the home visitors' ratings of importance for several potential reasons why children might leave a PHDC program. The two reasons receiving the highest consensus in terms of importance were that families leave the district (73%) and children are no longer eligible for subsidy (67%). Surprisingly, only about half of the home visitors felt that children becoming too old (54%) for the program and, somewhat similarly, that parents switched their children to centre-based programs (54%) were important reasons. Most of the home visitors did not place a great deal of importance on such reasons as an increase in fees (38%), parents switching to informal care with (24%) or without (22%) the provider, and, especially, dissatisfaction with the program (12%).

Table 6.23 **Importance of Reasons Why Children Leave an Agency**

	Degree of Importance	
Reasons for Leaving	Not At All/ Little	Moderate/ Very
	%	%
Families Leave District	27	73
Children Not Eligible for Subsidy	33	67
Children Become Too Old	46	54
Parents Change to Centre-Based Care	46	54
Increase in Fees	62	38
Parents Change to Informal Care with Provider	76	24
Parents Change to Informal Care without Provider	78	22
Parents Dissatisfied with Program	88	12
Other	84	16

The agencies gave some similar and some different reasons for why children leave a program (see section 3.4). Like the home visitors, the agencies felt that parents leaving the district (66%) was an important factor, while the switch to centre-based care was rated as important by 50% of the agencies. Also, similar to the home visitors, most agencies did not feel that fee increases (24%), parents switching to informal care (19%) or dissatisfaction with the program (9%) were important reasons. However, unlike the home visitors, most agencies did not believe that the child no longer being eligible for subsidy (32%) and, to a lesser extent, the child becoming too old (31%) were important reasons for children leaving an agency.

The home visitors report talking to parents, either in person or by phone, on average about once a month, although this varied a great deal from a minimum of two contacts per year to a maximum of 52 contacts per year.

Table 6.24 outlines the degree of frequency with which several concerns might be raised by parents in their discussions with home visitors. The topics raised most frequently in these discussions concerned hours of care (80%), child's behaviour (78%) and programs of activities (71%). The parents also discussed their concerns regarding the supervision of the child by the provider (66%), their relationship with the provider (66%), nutrition (64%), the child's development (61%) and the cost of care (61%) relatively frequently. Overall, the discussions between the home visitors and parents touch on a number of topics.

Table 6.24 **Concerns Parents May Discuss with Home Visitors**

Topic of Concern	Degree of Frequency Rarely/Never	Sometimes/ Frequently
	%	%
Hours of Care	20	80
Child's Behaviour	22	78
Program of Activities	39	71
Supervision of Child by the Provider	34	66
Parent-Provider Relationship	34	66
Nutrition	36	64
Cost of Care	39	61
Child's Development	39	61
Health/Safety	44	56
Behaviour Management Approaches	49	51
Peer Interaction	49	51
Transportation	49	51

The home visitors were asked whether situations occurred in which their responsibilities placed them in a conflict between providers and parents. A majority of home visitors (63%) reported experiencing such situations of conflict. A follow-up question asked home visitors to describe these situations. A variety of issues appear to give rise to the conflicts. Two issues that arise moderately frequently were conflicts in which they had to choose sides in a dispute between providers and parents (the issue of disputes was undefined) and when parents would not pick up a sick child.

Finally, home visitors were asked to describe the most important activities or topics taking place during group meetings for parents. Only 39% of the home visitors responded to this question and, for those responding, the most frequent topics/activities related to behaviour management and, to a lesser extent, child development and parent involvement in provider meetings.

6.7 Regulation and Future Developments

The home visitors were asked to describe their impressions of the impact of the ministry Regulation on the PHDC program. They were first asked to describe the sections of the Regulation which they felt had the most positive impact on the quality of child care. Seven sections were identified by more than one home visitor as having a positive impact on the quality of care. Of these seven sections, the most frequently mentioned was the section restricting the number of children that could be cared for by a provider. Other sections of the Regulation which were identified by home visitors were those pertaining to health and safety, behaviour management guidelines, programming, and the age ratio restrictions.

Conversely, when asked to identify sections which had the least impact on the quality of child care, relatively few home visitors identified any sections (only 18 of the 41 home visitors identified at least one section) and, furthermore, there was very little consensus on which sections were perceived to have the least impact on the quality of child care. The only sections that received even moderate consensus (e.g., three or four responses) were the paperwork required by the Regulation and the need to post menus.

In terms of identifying sections that were the most difficult to comply with, about half of the home visitors provided at least one response (i.e., 22 of the 41 home visitors). There was some agreement among home visitors that the inclusion of school-age children in the count of the number of children in a home, liability insurance requirements, and fire and health inspections were the most difficult sections of the Regulation to comply with.

Table 6.25 **Future Developments**

Comment	Percentage Responding*
Higher Pay for Providers	27
Increased Need for Spaces	22
Increased Enrollment	15
More Training for Providers	15
Recognition as a Profession	15
Increased Public Awareness of the Program	15
Increased Funding from the Province	12
Joint Efforts to Standardize Provider Training	7
Providers will Become Employees	5
Expansion of Program to Rural Areas	5
Other	20

In commenting upon what they considered to be future developments in the PHDC program, the home visitors identified several issues related to providers, such as higher pay, more training, and recognition as professionals (see Table 6.25). There were also some suggestions that the PHDC program would experience growth as reflected in comments such as increases in enrollment, greater need for spaces, increased funding from the Province and increased public awareness of the program. In general, the orientation of the home visitors' comments was positive with respect to the viability of the PHDC program.

CHAPTER 7

CONCLUSIONS

7.1. Growth of the PHDC Program

The present chapter is not intended as a summary of the results of the survey of the PHDC program in Ontario, as this information has been presented in the Highlights section of the data chapters. Rather, the present chapter will expand upon some of the major themes of the PHDC program arising from the current survey as well as previous research on the program. As such, it will be beneficial to briefly review the development of the PHDC program in Ontario.

Private home day care programs were initiated by a small number of established child care agencies in the 1960's in response to a growing demand for child care that could not be met by group centres. In addition to creating more supervised child care spaces, PHDC was seen as having the potential to provide supervised care for infants and to be a more flexible form of care that could respond to the needs of children of parents working shifts or week-ends, as well as increasing the availability of supervised care in rural areas where group centres might be inappropriate (Child Care Services in Ontario, 1984).

In 1971, amendments to the Day Nurseries Act allowed for provincial cost-sharing of PHDC programs either directly operated by municipalities or through purchase-of-service agreements between municipalities and private, nonprofit or commercial agencies. With the 1971 amendment, and the attendant provincial cost-sharing came official recognition of PHDC as an alternative to group care and extended the services of the PHDC program to parents eligible for subsidization.

Available data on the growth of the PHDC program covers the periods of 1973-1981 and 1988. From 1973 to 1978, enrollment increased from 543 to 3,994 and the number of agencies increased from 13 to 34 (Day Care Policy: Background Paper, 1981). In part, in response to this growth, the Day Nurseries Act was amended to require PHDC agencies to be licensed and regulations and standards were developed specifically for PHDC. (The regulations and standards did not come into effect until 1984).

The rapid growth of the PHDC program during the 1970's leveled out and the program showed only moderate expansion between 1978 and 1981. Enrollment from 1978 to 1981 increased from 3,994 to 4,962 (19.5%) and the number of agencies increased from 34 to 39 (15%). In 1982, the ministry introduced the Day Care Incentives/Initiatives program which provided support in terms of start-up costs for new nonprofit PHDC agencies. Following the introduction of this program, the PHDC program again displayed tremendous expansion with enrollment increasing from 4,962 in 1981 to over 10,000 in 1988 and the number of agencies increasing from 39 to 78 - a doubling of the PHDC program in both enrollment and number of agencies.

Thus, during its approximately 20-year history in Ontario, the PHDC program has had two periods of rapid growth with a period of levelling out interspersed between the growth periods. Both growth periods have occurred following ministry initiatives to provide financial support to the program in terms of, respectively, subsidization for parents and operating grants to assist in the development of new agencies. However, the growth in the PHDC program during these two periods cannot be completely attributed to the ministry initiatives. In particular, the demand for child care services has been increasing throughout the history of the PHDC program. For instance, between 1981 and 1988, enrollment in group care programs has increased by 60% and the number of group care facilities has increased by 50%. Nevertheless, the PHDC program has, in a period of 20 years, displayed both impressive growth and responsiveness to ministry initiatives and/or the demand for child care services.

The initial, and to a large extent ongoing, assumptions of the PHDC program from the perspective of both the agencies and MCSS have pertained to the populations the program could serve, the costs of the program and the options it offered to parents. It appears that the PHDC program was assumed to have the potential to serve several distinct populations: infants, children of parents on shift work or requiring extended hours of care, and children in rural areas. Specifically, the PHDC program was expected to be a suitable form of child care for infants since it provided both a home environment and more individual attention than could be given in group care settings. The anticipated flexibility of the program resulting from providers working out of their own homes encouraged the assumption that PHDC would be able to serve parents requiring shift and extended hours of care. Relatedly, the flexibility in terms of location of a provider's home led to the belief that the program would provide child care close to the parent's home or work and would also provide service to rural areas.

Several sources of data can be examined to determine the extent to which the PHDC program is serving infants. Unfortunately, these sources have aggregated their data on age-groupings in different categories. Thus, the comparisons between the data sources are approximations. First, data reviewed in the Background Paper (1981) indicated that the percentage of subsidized children under 30 months of age ranged from a high of 40% in 1973 to approximately 22% for the years of 1977 through 1979. As unsubsidized children were not included in the database, the percentages for children under 30 months (i.e., infants and toddlers according to the present age definitions) are only estimates. (Subsidized enrollment during this time period was over 80% of the total enrollment except for 1977 when it was 77%, and 1978 when it was 79%).

Using the same age definition, i.e., under 30 months of age, the 1981 survey found that 27% of the children enrolled were infants and toddlers, while the present survey found that 33% of the enrollment fell into this age category. (Both the 1981 and the present survey included both subsidized and unsubsidized children in their calculations). The current survey also calculated the percentage of infants (i.e., under 18 months of age) to be 18% of the total enrollment.

If the data on subsidized children from the Background Report are accepted as reasonable estimates of the number of infants and toddlers in the PHDC program, the pattern which emerges is one in which the PHDC program went from a service orientation that included a high percentage of infants and toddlers (40% in 1973) to a levelling off around 20% in the late 1970's and over the past 10 years has increased the service to infants and toddlers to 33% in 1988.

In summary, since its inception, between 20% and 40% of children enrolled in the PHDC program have been infants or toddlers, with 33% of the children currently falling into these categories. By contrast, only about 10% of the children in centre-based programs are infants or toddlers, permitting the conclusion that the PHDC program is more likely to serve infants and toddlers than centre-based care.

The question of whether infants are a primary target group of the PHDC program can be partly addressed by examining the relative percentage of infants in the program within the context of section 56 (1)(2) of the DNA. This section specifies that a caregiver may care for only two children under the age of two years. Thus, there is a restriction upon the number of infants and, to some extent, toddlers (i.e., children between the ages of 19 - 24 months), that can be served by the PHDC program. If all caregivers had five children in their care, two of which were under two years of age, the theoretical maximum percentage of children under two years of age that could be in the program would be 40%. Acknowledging the six month discrepancy between the definition of infants (under 18 months of age) and the two year age (i.e., 24 months) restriction of the DNA, the present result of 18% infants in the program is considerably below the theoretical maximum of 40%. Indeed, if the infant and toddler categories are combined (i.e., children under 30 months of age), this larger category is still below the theoretical maximum (i.e., 33% vs 40%). At least in theory, then, it might be argued that within the limits imposed by the Regulation, the PHDC program does have the potential to provide service to more infants.

In practice, however, there are barriers to expanding service to the infant population. In particular, caregivers typically feel that an infant is more difficult to look after than other age groups. And, in this context, to expect a caregiver to care for two infants may be unrealistic. From this perspective, it might be argued that the PHDC program is providing adequate service to infants. That is, the 18% infants in the program is very close to an expected (theoretical) capacity of 20% if all caregivers had five children, one of whom was a infant.

It is more difficult to interpret whether the expectations for the PHDC program of serving children of parents on shift work, requiring extended hours or in rural areas have been realized. The data from both the 1981 and the present surveys indicate that only 7% of the children in the program are receiving extended hours of care or have parents who work shifts (the categories are combined). Whether 7% is a high or low percentage depends upon the demand for the service in the total population. There clearly are large numbers of individuals in Ontario who are employed in occupations that require shift work and extended hours such as nurses and auto workers. However, we do not know whether these individuals have made arrangements such that they do not require child care (e.g., between spouses) nor what percent of the population they make up. The results of the current survey do indicate that agencies report finding it difficult to place children requiring extended or shift hours of care and that providers report a reluctance to provide care for such children as it interferes with the time providers can spend with their own families.

The question of whether the PHDC program is fulfilling the expectation of serving parents requiring flexible hours of care can, at best, only be speculated upon with the present information. The program does serve some percentage of the population requiring flexible hours of care. Whether the percentage it serves is proportional to the demand in the population of Ontario is unknown.

Regardless of whether the percentage of the population of children in the PHDC program receiving flexible hours of care is proportional to the demand or not, both agencies and providers perceive there to be difficulties in serving this population. Quite simply, the providers believe that affording care for extended or shift hours interferes with their own time with their families.

The data from the present survey as well as data from other sources (including the 1981 survey) suggest that the PHDC programs are primarily located in urban areas and serve urban families. The majority of both providers and parents reported living in urban areas. The PHDC program does not, at present, serve large numbers of children in rural areas.

The initial assumptions of the PHDC program in terms of the populations of children it intended to serve have had mixed success. The program is serving infants (and toddlers). The program is providing care for children requiring extended or shift hours - although perhaps not to the degree initially anticipated nor perhaps proportional to the demand for such care. Furthermore, the providers do express reluctance to offer care to children for extended or shift hours, thus it may be difficult to expand this service under the current conditions of the program. Also, the evidence suggests that the PHDC program does not provide service to children in rural areas.

The assumption that the PHDC program would provide child care at a lower cost than centre-based child care has not been borne out. The present survey, as was the case in the 1981 survey, found the costs of PHDC to be similar to those for centre-based care.

Whether intentional or not, the PHDC program has evolved as a child care option in a home environment which provides a service to children ranging in age from infants to school age. The program does provide some service that is consistent with the original assumptions of the model based upon its perceived flexibility (for both hours of care and location), however, the majority of the children in the program do not fall into these groups. In short, with the exception of providing child care to infants, the PHDC program has not developed over the past 20 years in a manner that is consistent with its original objectives.

7.2 Major Issues

7.2.1 Provider Recruitment and Turnover

The basic philosophy of the PHDC program to provide flexible child care in a home environment is dependent upon the PHDC agencies' ability to recruit, train, and retain providers. Whether one considers the PHDC program to be a viable child care option for parents or a mechanism for increasing the number of supervised child care spaces, the continued operation of the PHDC program requires the supply of providers.

Almost all of the agencies surveyed identified the recruitment of new providers as a major area of concern and a factor which inhibited expansion of an agency. The amount of staff time, especially for home visitors, required to recruit and train new providers was consistently rated high. Interestingly, the agencies did not indicate that there was a lack of supply of potential providers. Thus, while recruitment may be a time-consuming and difficult activity, it may not constitute an insurmountable problem to the agencies.

The agencies identified several factors which seemed to account for the difficulty of recruiting new providers. One factor was the inability to find providers in required geographic locations. Thus, while an agency might have a demand for child care services in an area (whether it is a suburb, community, etc.), the agency is unable to recruit providers in that area. The inability of an agency to supply family day care in the same area as the parent resides is a serious problem for the agency, as one of the purported advantages of the family day care is its proximity to the population it serves.

It is not clear whether the inability to recruit providers in required geographic locations is due to the absence of qualified (potential) providers in the area or a demand which outstrips the supply within the area. In either case, there is no clear recommendation that can be made for attempting to redress the problem.

A second difficulty in recruiting providers is the low provider payments. The issue of low pay is not, of course, restricted to the PHDC program - all forms of licensed and unlicensed child care are characterized by low wages to child care workers. In contrast to child care workers in group centres, providers probably earn less and certainly do not have their benefits paid for. Within their current budgets, the PHDC agencies are unable to increase their rates of pay to providers unless the increase is passed on directly to the parent, an alternative which is difficult to undertake since the majority of parents are on subsidies.

A third problem agencies identified in the recruitment of providers was the stringency of the ministry Regulation. The active providers, however, did not consider the Regulation to be particularly stringent. Thus, it may be that the difficulty lies in how the Regulation is explained to potential providers rather than the Regulation per se.

A related problem which should be of concern to the PHDC program is the high rate of turnover in providers. (While the agencies rated reasons for which providers left their agency, they did not identify turnover as a particular problem for their program). Within the year preceding the survey, the turnover rate of providers in the PHDC program was approximately 40%. Turnover of such a magnitude has to be considered a serious problem for the PHDC program. It necessitates the recruitment of new providers which, as previously discussed, is clearly a problem for the agencies. Furthermore, turnover in any occupation is expensive. In addition to the expenses involved in recruitment, it is expensive to train new employees, set up the administrative systems necessary for payments and contracts and, of course, utilizes a considerable amount of staff time. Finally, and importantly, turnover is disruptive to the children and parents in the PHDC program. The need to adapt to a new environment, a new provider and, potentially, new children, may pose at least short-term difficulties for the children. Considering the potential for disruption to children and parents, it could be argued that turnover should be considered a more serious problem than recruitment by the agencies.

There is not a common understanding among the agencies, home visitors and (active) providers of why providers leave the PHDC program. The agencies' explanations tended to focus upon the mobility of providers. That is, the agencies reported the main reasons for providers leaving was that the providers became involved in other activities (e.g., returned to school or took different employment) or that the providers simply left the district. Characteristics of the job were infrequently identified as factors in a provider's decision to leave.

The home visitors and the (active) providers, on the other hand, presented explanations for why providers left that were directly concerned with characteristics of the job. Both groups considered low pay and the stresses of the job (i.e., "burnout") to be major reasons for providers leaving. The home visitors also stressed the importance of the ambiguous explanation of "personal reasons" - which may be an admixture between the agencies' explanations and those of the (active) providers.

With a turnover rate as high as 40% in a year, there are likely to be multiple reasons for providers leaving the PHDC program. Nevertheless, such a high rate of turnover suggests that the primary reason(s) has to be found in the job itself. There is little doubt that the role of a provider is potentially difficult - requiring long hours, isolation from other adults, high demands on one's concentration and energy, and very low remuneration. The ministry and the agencies are going to have to address the issues hampering both the recruitment and retention of providers. The continued operation and expansion of the PHDC program is clearly dependent upon the ability to attract and retain providers.

A further potential issue which was not identified by the agencies as a concern to their operations was the high rate of turnover in the children served. During the year preceding the current study, the turnover of children in the program was 87%. It is difficult to assess whether such a turnover rate is unduly high in the absence of comparative information (e.g., the turnover rate in centre-based programs). However, given the required expenditure in staff resources to place new children and familiarize the children and their parents with the child care environment, it does seem important for agencies to try and determine the reasons for turnover rates in children for the purpose of identifying areas of their programs which might be improved (to decrease the number of children leaving).

At present, the PHDC agencies are able to replace the providers and children leaving their programs. As a result, turnover for both groups may not be perceived as a problem. Nevertheless, there are real costs in, especially, staff resources required for the replacement activities. It is possible that these resources could be employed more effectively and efficiently in efforts to expand, rather than maintain, the PHDC program. However, to do so, it is important that the PHDC agencies acknowledge turnover as a problem and take steps to remedy the attrition of both providers and children.

7.3 Finances

Not unexpectedly, the PHDC agencies expressed concern over a variety of financial issues, including a need for increased financing to maintain their current operations, a desire to increase the rates of provider payments, and some interest in increasing the rates of subsidization. For the most part, the agencies did not articulate the specific consequences to their programs if further funding was not made available, other than that it would create a barrier to attempts at expansion. However, it is possible to suggest some problems that are, and will be, encountered if an agency has financial difficulties.

The most obvious problem resulting from a failure to obtain increased financing will be the continuation of the difficulties in recruiting and retaining providers. All the participants in the surveys were in agreement that the rates of pay to providers are too low. And, as argued previously, the entire concept of a family day care program is dependent upon the supply of providers.

Increasing provider payments should act to reduce the high attrition rate and attract more providers to the program. Financial solutions are unlikely to completely solve the problems of recruitment and retention of providers - other concerns do influence individuals not to join or to leave an agency. However, increased provider payments would undoubtedly help in these areas.

As the PHDC program has developed over the past two decades, it has increasingly offered more services and resources to providers and parents (e.g., workshops, newsletters, toy and equipment loans). These services involve both financial and human resource expenses. It is quite possible that the model of subsidies and parent fees, with an extra administrative charge, going to the provider payments and agency staff salaries is not adequate to cover the expenses of the agencies' additional services. And, since the vast majority of parents in the PHDC program are subsidized, it may not be possible to increase the administrative fees to parents to finance the additional services. It may be necessary, then, for either additional government sources of funding to be made available to maintain these services and/or the need for, and use of, the services to be critically evaluated to determine whether or not they should be maintained.

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Appendix A

FINANCIAL ISSUES

The information in this Appendix was obtained from the Direct Operating Grants survey of the PHDC agencies by Western Management Consultants.

Agency Revenues and Expenditures

This discussion focuses upon the areas of expenditures and sources of revenue of the PHDC agencies. The information upon which the discussion is based was collected in a survey of the PHDC agencies in the spring of 1988 by Western Management Consultants. The survey, known as the Direct Operating Grant (DOG) Survey, was undertaken to provide a baseline of information for determining an appropriate grant calculation methodology. All licenced child care centres and PHDC agencies in Ontario were requested to complete the survey. Fifty-eight (of the 78 PHDC agencies) returned the survey, although not all of the returned questionnaires were fully completed. Specifically, 53 agencies provided usable data for estimates of expenditures and 50 agencies provided data for estimates of revenues. The data base, while incomplete, does provide a reasonable basis for presenting an overview of the expenditures and revenues of PHDC agencies in Ontario.

With respect to revenues, the agencies were requested to specify the dollar amounts of revenue for the preceding fiscal year for seven categories: fees from parents, subsidies (including municipal), other MCSS funding (i.e., operational startup), other municipal grants, other federal grants, fund raising, and other sources. Table A.1 presents the percentage of the total revenue for each of the seven categories by type of agency. It is important to bear in mind when reviewing Table A.1, and the related discussion, that the percentage figures are calculated by dividing the total revenue from a given source (e.g., subsidies) for all agencies within a type (e.g., municipal) by the total revenue for that type of agency. As such, they are estimates of the (percentage) sources of revenue for a type of PHDC program (e.g., municipal vs nonprofit vs commercial) but are not sensitive to the variance between agencies within a given type. Furthermore, the response rate for all types of agencies, and especially the commercial agencies, was incomplete and it is not possible to know what, if any, effect the incompleteness of the data has on the validity of the estimates reported in this section.

Table A.1 **Percentage of Total Revenue by Agency Type**

Agency Type	Fees from Parents	Subsidies	MCSS	Mun. Grants	Fed. Grants	Fund Raising	Other
	%	%	%	%	%	%	%
Municipal (12)	5.8	65.8	21.1	6.5	0	0	0.7
Nonprofit* (33)	29.7	66.0	4.6	0	0.1	1.3	4.6
Commercial (5)	15.8	78.8	0	0	0	0	5.0

* Percentages total to 106.3% due to inaccuracies in the original data.

Given the foregoing qualifications, the largest source of revenue for each type of agency is subsidies. This, of course, is not surprising since the majority of children in the PHDC program are subsidized (80%). For the sample of 50 agencies, the percentage of the total revenue due to subsidies is 66.9%.

However, a slightly different picture emerges when individual agencies are examined with respect to their largest source of revenue. Table A.2 presents the largest source of revenue by agency type. These data indicate that there are approximately as many nonprofit and commercial agencies that derive their largest source of revenue from parent fees as from subsidies, even though across all agencies within the nonprofit and commercial categories, the largest source of revenue is subsidies. Not surprisingly, municipal agencies, both in terms of individual agencies and across the program, are predominantly dependent upon funding through subsidies.

The resolution to the apparent contradiction between the over-all percentage of revenue attributable to subsidies and the approximately even split of the individual nonprofit and commercial agencies in being mainly funded by subsidies versus parent fees is that, in general, the larger agencies receive their largest source of revenue through subsidies.

Table A.2 **Largest Sources of Revenue by Agency Type**

Agency Type	Parent Fees	Subsidies	MCSS
Municipal	2	8	2
Nonprofit	15	16	2
Commercial	3	2	

A further observation from Table A.1 is that for the most part the nonprofit and commercial agencies do not receive much revenue from sources other than parent fees or subsidies. Both report receiving some revenue from "other sources" (i.e., nonprofit reported 4.6% of their revenue came from "other sources" while commercial reported 5%). However, the 5% for commercial agencies is entirely attributable to one agency and the 4.6% for nonprofit was mainly the result of two agencies (although 11 other agencies reported receiving small amounts of revenues from "other sources").

Municipal agencies are mainly funded through subsidies and MCSS grants with some input through municipal grants (6.5%) and parent fees (5.8%). Fund raising and direct federal grants played an insignificant role in the funding of all types of PHDC programs.

In terms of the overall PHDC program in Ontario, the main source of financial support is subsidization. Fees paid by parents, either in terms of agency fees or the fees paid by the approximately 20% of full fee paying parents, is a much smaller but still a meaningful source of revenue for some commercial and nonprofit agencies.

All three types of agencies have similar patterns in their yearly expenditures. Table A.3 outlines the percentage of expenditures for the types of agencies to providers, salaries (administrative and program), benefits and other expenses. It should be noted that the agencies were requested to distinguish between salaries paid to administrative and program staff. However, such a distinction was not made consistently across agencies; thus, the two categories have been combined for the present analyses.

Table A.3 **Percentage of Total Expenditures by Agency Type**

Agency Type	Provider Payments	Staff Salaries	Benefits	Other
	%	%	%	%
Municipal	69.6	21.6	3.5	4.6
Nonprofit	69.4	20.9	1.9	7.5
Commercial	73.6	17.6	0.6	8.1

The main source of expenditure for all three types of agencies is provider payments ranging from nonprofit (69.4%) to municipal (69.7%) to commercial (73.6%). Furthermore, in reviewing the individual agencies, payments to providers accounted for over 50% of an agency's expenses for (14/16) municipal, (26/32) nonprofit, and (5/5) commercial agencies.

Staff salaries (administrative and program staff combined), with the small addition of benefits, accounts for almost all of the remaining expenses of the agencies. In terms of percentage of expenses, the agencies spend relatively little on other costs such as rent, toys and materials, and the like. The PHDC program is clearly very heavily weighted towards expenditures for human resources.